| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| WESTERN DISTRICT OF WASHINGTON                  | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | Chapter 7                       |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | ☐ Chapter 13                    | Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |  |
|-----|--|---|--|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 1.  | Your full name   |   |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.   | Cosme First name  Rolando Middle name  Canche  Last name and Suffix (Sr., Jr., II, III) | Guadalupe First name  Del Rosario  Middle name  Canche  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. |   | FKA Guadalupe Del Rosario Lopez Guillen  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-3024   | xxx-xx-4487  |

Debtor 1 Cosme Rolando Canche
Debtor 2 Guadalupe Del Rosario Canche

Case number (if known)

| Vaus Emplaces   |                                      | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |  |
|---|--------------------------------------|---|--|--|--|--|--|
| 4. Your Employer Identification Number (EIN), if any. |                                      |   |  |  |  |  |  |
|   | (EIN), II ally.                      | EIN   | EIN  |  |  |  |  |
| 5.  | Where you live                       |   | If Debtor 2 lives at a different address:  |  |  |  |  |
|   |                                      | 18312 80TH Ave Ct E<br>Puyallup, WA 98375   |  |  |  |  |  |
|   |                                      | Number, Street, City, State & ZIP Code  Pierce  | Number, Street, City, State & ZIP Code   |  |  |  |  |
|   |                                      | County  | County   |  |  |  |  |
|   |                                      | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |  |
|   |                                      | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |  |
| 6.  | Why you are choosing                 | Check one:  | Check one:   |  |  |  |  |
|   | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |  |
|   |                                      | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |  |
|   |                                      |   |  |  |  |  |  |

|        | otor 1<br>otor 2 | Cosme Rolando C<br>Guadalupe Del Ro                             |   | nche                                      |  |  | Case number (if known)   |  |  |
|--------|------------------|---|---|---|--|--|--|--|--|
| Par    | t 2:             | Tell the Court About \  | Your Banl   | cruptcy Ca                                | ase  |  |  |  |  |
| Bankru |                  | chapter of the<br>ruptcy Code you are                           | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |  |  |  |  |  |
|        |                  | osing to file under   | ■ Chap  | ■ Chapter 7                               |  |  |  |  |  |
|        |                  |   | ☐ Chap  | ter 11                                    |  |  |  |  |  |
|        |                  |   | ☐ Chap  | ter 12                                    |  |  |  |  |  |
|        |                  |   | ☐ Chap  | ter 13                                    |  |  |  |  |  |
| 8.     | How              | you will pay the fee  | ab<br>ord<br>a p  | out how yo<br>der. If your<br>ore-printed | ou may pay. Typica<br>attorney is submit<br>address. | ally, if you are paying the fee yo<br>ting your payment on your beha | k with the clerk's office in your local courself, you may pay with cash, cashie alf, your attorney may pay with a cred   | er's check, or money<br>it card or check with  |  |
|        |                  |   |   |   |  | <b>ments.</b> If you choose this optic<br>Official Form 103A).       | on, sign and attach the Application for  | Individuals to Pay                             |  |
|        |                  |   | bu<br>ap  | t is not req<br>plies to you              | uired to, waive you<br>ur family size and y          | ur fee, and may do so only if yo<br>you are unable to pay the fee in | n only if you are filing for Chapter 7. B<br>our income is less than 150% of the of<br>n installments). If you choose this opti-<br>cial Form 103B) and file it with your pe | ficial poverty line that on, you must fill out |  |
| 9.     | Have             | you filed for   | ■ No.   |   |  |  |  |  |  |
|        |                  | ruptcy within the<br>3 years?                                   | □ Yes.  |   |  |  |  |  |  |
|        |                  | ,   | <b>—</b> 100.   | District                                  |  | When   | Case number  |  |  |
|        |                  |   |   | District                                  |  | When   | Case number  |  |  |
|        |                  |   |   | District                                  |  | When   | Case number  |  |  |
| 10.    | case<br>filed    | any bankruptcy<br>s pending or being<br>by a spouse who is      | ■ No □ Yes.   |   |  |  |  |  |  |
|        | you,             | ling this case with<br>or by a business<br>er, or by an<br>ate? |   |   |  |  |  |  |  |
|        |                  |   |   | Debtor                                    |  |  | Relationship to you  |  |  |
|        |                  |   |   | District                                  |  | When   | Case number, if known  |  |  |
|        |                  |   |   | Debtor                                    |  |  | Relationship to you  |  |  |
|        |                  |   |   | District                                  |  | When   | Case number, if known  |  |  |
| 11.    |                  | ou rent your<br>ence?   | ■ No.   | Go to I                                   | ine 12.  |  |  |  |  |
|        | i coiu           | 011001  | ☐ Yes.  | Has yo                                    | our landlord obtaine                                 | ed an eviction judgment agains                                       | st you?  |  |  |
|        |                  |   |   |   | No. Go to line 12.                                   |  |  |  |  |
|        |                  |   |   |   | Yes. Fill out <i>Initia</i> this bankruptcy pe       |  | Judgment Against You (Form 101A) a   | nd file it as part of                          |  |
|        |                  |   |   |   |  |  |  |  |  |

|     | otor 1 Cosme Rolando Costor 2 Guadalupe Del Ro  |  | nche     |  | Case number (if known)   |  |  |  |
|-----|---|--|----------|--|--|--|--|--|
| Par | t 3: Report About Any Bu  | ısinesses  | You Owr  | n as a Sole Propriet   | or   |  |  |  |
|     | Are you a sole proprietor of any full- or part-time business?   | ■ No.  |          | Part 4.  |  |  |  |  |
|     |   | ☐ Yes.   | Name     | and location of busi   | iness  |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name     | e of business, if any  |  |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |  | Numb     | oer, Street, City, State   | e & ZIP Code   |  |  |  |
|     | it to this petition.  |  | Chec     | k the appropriate box  | x to describe your business:   |  |  |  |
|     |   |  |          | Health Care Busin  | ess (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|     |   |  |          | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |
|     |   |  |          | Stockbroker (as de   | efined in 11 U.S.C. § 101(53A))  |  |  |  |
|     |   |  |          | Commodity Broker   | r (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|     |   |  |          | None of the above  |  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code, and<br>are you a <i>small business</i><br>debtor?   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). |          |  |  |  |  |  |
| I   | For a definition of <i>small</i> business debtor, see 11  | ■ No.  | I am ı   | not filing under Chap  | ter 11.  |  |  |  |
|     | U.S.C. § 101(51D).  | □ No.  |          | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |  |
|     |   | ☐ Yes.   |          | I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, an I do not choose to proceed under Subchapter V of Chapter 11. |  |  |  |  |
|     |   | ☐ Yes.   |          |  | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and r Subchapter V of Chapter 11. |  |  |  |
| Par | t 4: Report if You Own or   | Have Any   | Hazardo  | ous Property or Any  | Property That Needs Immediate Attention  |  |  |  |
| 14. | Do you own or have any  | ■ No.  |          |  |  |  |  |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.   |          |  |  |  |  |  |
|     | of imminent and identifiable hazard to  | □ res.   | What is  | the hazard?  |  |  |  |  |
|     | public health or safety?  |  |          |  |  |  |  |  |
|     | Or do you own any property that needs immediate attention?  |  |          | diate attention is why is it needed?   |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is | s the property?  |  |  |  |  |
|     |   |  |          |  | Number, Street, City, State & Zip Code   |  |  |  |
|     |   |  |          |  |  |  |  |  |

Debtor 1 Cosme Rolando Canche
Debtor 2 Guadalupe Del Rosario Canche

Case number (if known)

### Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

■ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| osme Rolando C<br>Juadalupe Del Ro   |  | ne   |  | Case nu  | umber (if known)  |  |  |
|--|--|--|--|--|---|--|--|
| swer These Questi  | ons for Repo   | rting Purposes   |  |  |   |  |  |
| ind of debts do<br>ve?   | ind  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  □ No. Go to line 16b.  ■ Yes. Go to line 17.  Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  □ No. Go to line 16c.  |  |  |   |  |  |
|  | 16b. Ar  |  |  |  |   |  |  |
|  |  |  | at are not consumer d  | ebts or bus  | siness debts  |  |  |
| ı filing under<br>r 7?   | □ No. Ia   | m not filing under Chapter 7. Go   | to line 18.  |  |   |  |  |
| estimate that<br>by exempt<br>by is excluded and<br>strative expenses<br>of that funds will<br>lable for<br>tion to unsecured<br>rs? | ares.  | e paid that funds will be available  |  |  |   |  |  |
| any Creditors do<br>imate that you   | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  |  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000  |  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |
| uch do you<br>e your assets to<br>th?  | \$50,001 - \$100,001   | \$100,000<br>- \$500,000   | □ \$10,000,001 - \$50<br>□ \$50,000,001 - \$10   | 0 million<br>00 million  | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion   |  |  |
| uch do you<br>e your liabilities   | □ \$50,001<br>■ \$100,001  | - \$100,000<br>- \$500,000   | □ \$10,000,001 - \$50<br>□ \$50,000,001 - \$10   | 0 million<br>00 million  | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion   |  |  |
| gn Below   |  |  |  |  |   |  |  |
|  | If I have chose United State  If no attorney document, I  I request reli  I understand bankruptcy of and 3571.  Is/ Cosme  Cosme Ro  Signature of  | sen to file under Chapter 7, I am s Code. I understand the relief a represents me and I did not parhave obtained and read the notice of in accordance with the chapte making a false statement, concease can result in fines up to \$25  Rolando Canche  Jando Canche  Debtor 1  November 12, 2024   | a aware that I may produce a local property or agree to pay some cerequired by 11 U.S. er of title 11, United State ealing property, or obtaining property, or obtaining property or obtaining property.   | ceed, if elighapter, and eone who in the cone who in the cone who in the cone who in the cone with the cone which is a cone with the cone which is a cone whic | gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.  is not an attorney to help me fill out this o).  specified in this petition.  ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, oe Del Rosario Canche  Del Rosario Canche  |  |  |
|  | swer These Questind of debts dove?  If filing under 7?  estimate that yexempt yis excluded and strative expenses that funds will lable for the ton to unsecured rs?  any Creditors do imate that you  uch do you e your assets to h? | swer These Questions for Report Index of debts do yee?    16a. Ar   16b. Ar   16b. Ar   16c. Standard   16c. S | individual primarily for a personal,  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily busine money for a business or investment mone | swer These Questions for Reporting Purposes  Ind of debts do left and services and of debts do left are provided by the left and services are prov | swer These Questions for Reporting Purposes  Indirect of the State of |  |  |

| Debtor 1 Cosme Rolando ( Guadalupe Del Ro        |   | Cas                       | se number (if known)  |
|--|---|---------------------------|---|
|  |   |                           |   |
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Unite | d States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by                    | and, in a case in which § 707(b)(4)(D) applies,   |                           | vledge after an inquiry that the information in the   |
| an attorney, you do not need to file this page.  | schedules filed with the petition is incorrect.   |                           |   |
|  | /s/ David C. Smith WSBA                           | Date                      | November 12, 2024   |
|  | Signature of Attorney for Debtor                  |                           | MM / DD / YYYY  |
|  | David C. Smith WSBA #29824                        |                           |   |
|  | Printed name                                      |                           |   |
|  | Law Offices of David Smith, PLLC                  |                           |   |
|  |   |                           |   |
|  | 201 Saint Helens Ave                              |                           |   |
|  | Tacoma, WA 98402                                  |                           |   |
|  | Number, Street, City, State & ZIP Code            |                           |   |
|  | Contact phone <b>253-272-4777</b>                 | Email address             | david@davidsmithlaw.com   |

WSBA #29824 WA
Bar number & State

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| Debto        | Cosme Rolando Canche  |              |                               |
|--------------|---|--------------|-------------------------------|
|              | First Name Middle Name Last Name  |              |                               |
| Debto        | Guadalupe Del Rosario Canche if, filing) First Name Middle Name Last Name   |              |                               |
|              | , 3,  |              |                               |
| Jnited       | States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON   |              |                               |
| Case ı       | number  |              |                               |
| if knowr     |   | ☐ Check      | c if this is an               |
|              |   | amen         | ded filing                    |
|              |   |              |                               |
| Offic        | cial Form 106Sum  |              |                               |
| Sum          | mary of Your Assets and Liabilities and Certain Statistical Information   |              | 12/15                         |
| nform        | complete and accurate as possible. If two married people are filing together, both are equally responsible for ation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendation in this form. If you are filing amendation forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.  Summarize Your Assets |              |                               |
| all I.       | Summarize Tour Assets   |              |                               |
|              |   | Your a       | ssets<br>of what you own      |
|              |   | 7 4.40       | or macy ou o m                |
| 1. S<br>1    | chedule A/B: Property (Official Form 106A/B) a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 526,300.00                    |
|              | b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 120,320.85                    |
| 1            | c. Copy line 63, Total of all property on Schedule A/B  | \$           | 646,620.85                    |
| Part 2:      | Summarize Your Liabilities  |              |                               |
|              |   |              |                               |
|              |   |              | <b>abilities</b><br>t you owe |
|              | chedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  a. Copy the total you listed in Column A. Amount of claim, at the bottom of the last page of Part 1 of Schedule D  | \$           | 285,026.00                    |
|              |   |              |                               |
| 3. S<br>3    | chedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$           | 0.00                          |
|              |   | •            | 40E 64E E4                    |
| 3            | b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 195,615.51                    |
|              | V   |              |                               |
|              | Your total liabilities  | <b>\$</b>    | 480,641.51                    |
|              |   |              |                               |
| Part 3:      | Summarize Your Income and Expenses  |              |                               |
|              | chedule I: Your Income (Official Form 106I) opy your combined monthly income from line 12 of Schedule I   | \$           | 5,822.33                      |
|              | chedule J: Your Expenses (Official Form 106J)   |              |                               |
| 5. S         | opy your monthly expenses from line 22c of Schedule J   | \$           | 5,797.98                      |
|              | Answer These Overtime for Administrative and Continue December  |              |                               |
|              | Answer These Questions for Administrative and Statistical Records   |              |                               |
| C<br>Part 4: |   |              |                               |
| C<br>Part 4: | re you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you   | ır other sch | nedules.                      |
| C<br>Part 4: | re you filing for bankruptcy under Chapters 7, 11, or 13?   | ur other sch | nedules.                      |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,269.43

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim | 1    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                    | ·1 C                                    | osme Rola                                 | ndo Canche      |         |  |  |   |   |
|--------------------|---|---|-----------------|---------|--|--|---|---|
| 200101             |   | rst Name                                  |                 | e Name  | Last Name  |  |   |   |
| Debtor             |   |   | Del Rosario Car |         |  |  |   |   |
| Spouse,            | , if filing) Fi                         | rst Name                                  | Middle          | e Name  | Last Name  |  |   |   |
| Jnited             | States Bankrup                          | otcy Court for                            | the: WESTERN    | I DISTR | ICT OF WASHINGTON  |  |   |   |
| ase r              | number                                  |   |                 |         |  |  |   | ☐ Check if this is an amended filing  |
|                    |   |   |                 |         |  |  |   |   |
|                    | ial Form                                |   | _               |         |  |  |   |   |
| CI                 | <u>redule /</u>                         | VD. PI                                    | operty          |         |  |  |   | 12/15   |
|                    | \\/\ :- 4                               |   |                 |         |  |  |   |   |
| <b>■</b> Ye        | es. Where is the p                      | oroperty?                                 |                 |         |  |  |   |   |
| .1                 |   |   |                 | What    | is the property? Check all that apply  |  |   |   |
| .1<br>_ <b>1</b> 8 | 8312 80th Av                            | enue CT E                                 | cription        | What    | Single-family home   |  |   | aims or exemptions. Put<br>d claims on <i>Schedule D</i> :  |
| .1<br>_ <b>1</b> / | 8312 80th Av                            | enue CT E                                 | cription        | What    |  | the amoun  | t of any secure   | aims or exemptions. Put<br>d claims on Schedule D:<br>ms Secured by Property.   |
| .1<br>10<br>St     | 8312 80th Av                            | r <b>enue CT E</b><br>able, or other desi |                 | ■       | Single-family home  Duplex or multi-unit building  | the amoun  | t of any secure<br>Who Have Claii   | d claims on Schedule D:   |
| .1 1 St            | 8312 80th Av<br>reet address, if avail  | renue CT E able, or other des             | 98375-9721      |         | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land   | Current va   | t of any secure Who Have Clain alue of the perty?   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |
| .1<br>10<br>St     | 8312 80th Av<br>reet address, if avail  | r <b>enue CT E</b><br>able, or other desi |                 |         | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property  | Current va   | t of any secure<br>Who Have Clain   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  |
| .1 1 St            | 8312 80th Av<br>reet address, if avail  | renue CT E able, or other des             | 98375-9721      |         | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land   | Current va entire pro  | t of any secure Who Have Clain alue of the perty? 26,300.00 the nature of y   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$526,300.00   |
| .1 1 St            | 8312 80th Av<br>reet address, if avail  | renue CT E able, or other des             | 98375-9721      |         | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare  | Current va entire prop   | t of any secure Who Have Clain alue of the perty? 26,300.00 the nature of y   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$526,300.00   |
| .1<br>1<br>St      | 8312 80th Av<br>reet address, if avail  | renue CT E able, or other des             | 98375-9721      | Who     | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only   | Current va entire prop   | t of any secure Who Have Clain alue of the perty? 26,300.00 the nature of y ee simple, ten  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$526,300.00   |
| 1.1 St             | 8312 80th Av<br>treet address, if avail | renue CT E able, or other des             | 98375-9721      | Who     | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only   | Current va entire prop   | t of any secure Who Have Clain alue of the perty? 26,300.00 the nature of y ee simple, ten  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$526,300.00   |
| 1.1 1 St           | 8312 80th Av<br>reet address, if avail  | renue CT E able, or other des             | 98375-9721      | Who     | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Current va entire proj   | t of any secure Who Have Clair  alue of the perty? 26,300.00  the nature of y ee simple, ten te), if known.                               | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$526,300.00  |
| .1  1: St          | 8312 80th Av<br>treet address, if avail | renue CT E able, or other des             | 98375-9721      |         | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this in                            | Current va entire proj \$55  Describe t (such as fi a life estate) | t of any secure Who Have Clair  alue of the perty? 26,300.00  the nature of y ee simple, ten te), if known.  k if this is con structions) | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$526,300.00  rour ownership interest ancy by the entireties, or |
| 1.1 1 St           | 8312 80th Av<br>treet address, if avail | renue CT E able, or other des             | 98375-9721      | Who     | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | Current va entire proj \$55  Describe t (such as fi a life estate) | t of any secure Who Have Clair  alue of the perty? 26,300.00  the nature of y ee simple, ten te), if known.  k if this is con structions) | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$526,300.00  rour ownership interest ancy by the entireties, o  |
| .1  1: St          | 8312 80th Av<br>treet address, if avail | renue CT E able, or other des             | 98375-9721      | Who     | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this inerty identification number: | Current va entire proj \$55  Describe t (such as fi a life estate) | t of any secure Who Have Clair  alue of the perty? 26,300.00  the nature of y ee simple, ten te), if known.  k if this is con structions) | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$526,300.00  rour ownership interest ancy by the entireties, or |

Part 2. December real venicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Deb         |            | iuadalupe Del Rosario Can                                | Case number (if known)  |                                 |        |  |
|-------------|------------|--|---|---------------------------------|--------|--|
| 3. <b>C</b> | ars, vans, | trucks, tractors, sport utility                          | vehicles, motorcycles   |                                 |        |  |
|             | No         |  |   |                                 |        |  |
|             | Yes        |  |   |                                 |        |  |
| 3.1         | Make:      | Chrysler   | Who has an interest in the property? Check one  |                                 |        | aims or exemptions. Put  |
| 5.1         | Model:     | Pacifica   | · _   |                                 |        | d claims on Schedule D:<br>ns Secured by Property.                               |
|             | Year:      | 2018   | ■ Debtor 1 only □ Debtor 2 only   |                                 |        | , , ,  |
|             |            | nate mileage: 118000                                     | Debtor 1 and Debtor 2 only  | Current value<br>entire propert |        | Current value of the<br>portion you own?   |
|             |            | formation:   | ☐ At least one of the debtors and another   |                                 | ,      | ,  |
|             | Vehicle    | e:   |   |                                 |        |  |
|             |            |  | Check if this is community property (see instructions)  | \$10,4                          | 419.00 | \$10,419.00  |
| 3.2         | Make:      | Ford   | Who has an interest in the property? Check one  |                                 |        | aims or exemptions. Put  |
|             | Model:     | Escape   | ■ Debtor 1 only   |                                 |        | d claims on Schedule D:<br>ns Secured by Property.                               |
|             | Year:      | 2005   | Debtor 2 only   |                                 |        |  |
|             |            | nate mileage: 142000                                     | Debtor 1 and Debtor 2 only  | Current value<br>entire propert |        | Current value of the<br>portion you own?   |
|             | Other inf  | formation:   | At least one of the debtors and another   |                                 |        |  |
|             | Vehicle    | e:   |   | •                               |        | **   |
|             |            |  | Check if this is community property (see instructions)  | <b>\$1,</b> 2                   | 200.00 | \$1,200.00   |
| 3.3         | Make:      | Kia  | Who has an interest in the property? Check one  |                                 |        | aims or exemptions. Put  |
| 0.0         | Model:     | Sedona   | · · · · ·   |                                 |        | d claims on Schedule D:<br>ns Secured by Property.                               |
|             | Year:      | 2004   | ■ Debtor 1 only □ Debtor 2 only   |                                 |        |  |
|             |            | nate mileage: 280000                                     | -   | Current value<br>entire propert |        | Current value of the<br>portion you own?   |
|             | • • •      | formation:   | ☐ At least one of the debtors and another   |                                 | ,      | ,  |
|             | Vehicle    | e:   |   |                                 |        |  |
|             |            |  | Check if this is community property (see instructions)  |                                 | 800.00 | \$800.00   |
| Ex          |            |  | and other recreational vehicles, other vehicles watercraft, fishing vessels, snowmobiles, motorcy |                                 |        |  |
|             |            |  | own for all of your entries from Part 2, including that number here                               |                                 |        | \$12,419.00  |
| Part        | 3: Descri  | be Your Personal and Household                           | Items   |                                 |        |  |
|             |            |  | interest in any of the following items?   |                                 | p      | Current value of the cortion you own? On not deduct secured laims or exemptions. |
| E           |            | goods and furnishings Major appliances, furniture, lines | ns, china, kitchenware  |                                 | C      | ланно от слетирионо.   |
|             |            |  | urniture, bedroom furniture, dining room<br>ils, appliances, books, wall art.                     | furniture,                      |        | \$4,500.00   |
|             |            |  | ,   |                                 |        | · •  |

|    | ebtor 1<br>ebtor 2 | Cosme Rolando Canche Guadalupe Del Rosario Canche  | Case number (if known)        |  |
|----|--------------------|--|-------------------------------|--|
| 7. | Electron Example   | cics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, pr including cell phones, cameras, media players, games           | rinters, scanners; music co   | llections; electronic devices                                |
|    |                    | Describe   |                               |  |
|    |                    | TV, Laptop, and Cell phones  |                               | \$2,000.00   |
| 8. |                    | oles of value<br>es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or othe<br>other collections, memorabilia, collectibles | r art objects; stamp, coin, c | or baseball card collections;                                |
| 9. | Equipme<br>Example | Describe  ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, musical instruments  Describe   | golf clubs, skis; canoes ar   | nd kayaks; carpentry tools;                                  |
| 10 | ■ No               | ns  oles: Pistols, rifles, shotguns, ammunition, and related equipment  Describe   |                               |  |
| 11 | □ No .             | s  bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe  |                               |  |
|    |                    | Clothes  |                               | \$500.00   |
| 12 | □ No               | y oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom j   | ewelry, watches, gems, go     | ld, silver   |
|    |                    | Costume Jewelry  |                               | \$200.00   |
| 13 | Examp ☐ No         | rm animals  oles: Dogs, cats, birds, horses  Describe  |                               |  |
|    |                    | Dog and 4 cats   |                               | \$0.00   |
| 14 | ■ No               | ner personal and household items you did not already list, including any health  | aids you did not list         |  |
| 1  |                    | he dollar value of all of your entries from Part 3, including any entries for pages art 3. Write that number here  | s you have attached           | \$7,200.00   |
|    |                    | scribe Your Financial Assets   |                               | Current value of the   |
| U  | o you ow           | n or have any legal or equitable interest in any of the following?   |                               | Current value of the portion you own?  Do not deduct secured |

| Debt<br>Debt |  | he Case number (if known)   |                               |
|--------------|--|---|-------------------------------|
|              |  |   | claims or exemptions.         |
|              |  | n your home, in a safe deposit box, and on hand when you file your petiti   | on                            |
| ı            | institutions. If you have multiple   | ncial accounts; certificates of deposit; shares in credit unions, brokerage laccounts with the same institution, list each.   | nouses, and other similar     |
|              | l No<br>l Yes  | Institution name:   |                               |
|              | 17.1.  | Joint Checking Account: US Bank   | \$411.45                      |
|              | 17.2.  | Debtor 2 Checking Account: Navy Federal Credit Union  | \$754.89                      |
|              | 17.3.  | Debtor 2 Savings Account: Navy Federal Credit Union   | \$0.04                        |
|              | 17.4. Internet   | Zelle   | \$0.00                        |
|              | 17.5.  | Debtor 1 Checking Account Navy Federal<br>Credit Union  | \$0.00                        |
|              | 17.6.  | Debtor 1 Savings Account Navy Federal<br>Credit Union   | \$0.00                        |
|              | l No   | s with brokerage firms, money market accounts   |                               |
| •            | · res  | or issuer name:   | ¢2 905 00                     |
|              | <u>Deptor 1</u>  | Robin Hood  | \$3,895.00                    |
|              | Debtor 2   | Robin Hood  | \$3,034.00                    |
| _j           | lon-publicly traded stock and interests in<br>joint venture<br>I <sub>NO</sub>           | n incorporated and unincorporated businesses, including an interes  | t in an LLC, partnership, and |
|              | l Yes. Give specific information about them  Name of entity                              |   |                               |
| ,<br>,       | Negotiable instruments include personal ch<br>Non-negotiable instruments are those you c | her negotiable and non-negotiable instruments<br>ecks, cashiers' checks, promissory notes, and money orders.<br>cannot transfer to someone by signing or delivering them. |                               |
|              | No Yes. Give specific information about them Issuer name:                                |   |                               |
|              | No   | 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing   | plans                         |
|              | Yes. List each account separately.  Type of account:                                     | Institution name:   |                               |
| Officia      | al Form 106A/B   | Schedule A/B: Property  | page 4                        |

Cosme Rolando Canche

| Debtor 1<br>Debtor 2             | Cosme Rolando Canche<br>Guadalupe Del Rosario Ca                         | anche C  | case number (if known)     |   |
|----------------------------------|--|--|----------------------------|---|
|                                  | IRA  | Debtor 1 Retirement: Navy Foundation   | ederal Credit              | \$42,863.05   |
|                                  | IRA  | Debtor 2 Retirement: Navy F  | ederal Credit              | \$22,347.39   |
| Your<br><i>Exan</i>              |  | ave made so that you may continue service or use from prepaid rent, public utilities (electric, gas, water), teleco        |                            | , or others   |
| ■ No<br>□ Yes                    |  | Institution name or individual:  |                            |   |
| 23. <b>Annu</b><br><b>D</b> No   | ities (A contract for a periodic payr                                    | nent of money to you, either for life or for a number of   | years)                     |   |
| ■ Yes                            | lssuer name and d  | escription.  |                            |   |
|                                  | CD with Navy F<br>Settlement from  | ederal Credit Union<br>n a car accident  |                            | \$27,396.03   |
| 26 U.S<br>■ No                   | S.C. §§ 530(b)(1), 529A(b), and 529                                      | count in a qualified ABLE program, or under a qual 0(b)(1).  and description. Separately file the records of any interest. |                            | am.   |
| ■ No                             | s, equitable or future interests in  Give specific information about the | property (other than anything listed in line 1), and nem   | rights or powers exercis   | sable for your benefit  |
| Exan<br>■ No                     |  | e secrets, and other intellectual property sites, proceeds from royalties and licensing agreement                          | s                          |   |
| 27. <b>Licen</b><br>Exan<br>■ No | ses, franchises, and other gener   | al intangibles<br>censes, cooperative association holdings, liquor licens  | es, professional licenses  |   |
| Money o                          | r property owed to you?  |  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. <b>Tax re</b>                | efunds owed to you   |  |                            |   |
| ■ Yes                            | . Give specific information about th                                     | em, including whether you already filed the returns an   | d the tax years            |   |
|                                  |  | Debtors do not expect to have a tax refund for 2024  | Federal                    | \$0.00  |
| Exan<br>■ No                     | y support nples: Past due or lump sum alimor Give specific information   | ny, spousal support, child support, maintenance, divord  | e settlement, property set | ttlement  |

|     | ebtor 1<br>ebtor 2 | Cosme Rolando Canche Guadalupe Del Rosario Canche   | Case number (if known)                      |                            |
|-----|--------------------|---|---|----------------------------|
|     | 0.11               | ·   | <del></del>                                 |                            |
| 30. | Examp              | amounts someone owes you oles: Unpaid wages, disability insurance payments, disability benefits, si benefits; unpaid loans you made to someone else   | ck pay, vacation pay, workers' compe        | nsation, Social Security   |
|     | ■ No □ Yes.        | Give specific information   |   |                            |
| 31. |                    | ts in insurance policies  |   |                            |
|     |                    | oles: Health, disability, or life insurance; health savings account (HSA); of   | credit, homeowner's, or renter's insurar    | nce                        |
|     |                    | Name the insurance company of each policy and list its value.   |   |                            |
|     |                    | Company name:   | Beneficiary:                                | Surrender or refund value: |
| 32. | If you a           | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurancine has died. | e policy, or are currently entitled to reco | eive property because      |
|     | ■ No               | Circa an acific information   |   |                            |
|     | ☐ res.             | Give specific information   |   |                            |
| 33. |                    | against third parties, whether or not you have filed a lawsuit or males: Accidents, employment disputes, insurance claims, or rights to sue           |   |                            |
|     | _                  | Describe each claim   |   |                            |
| 0.4 |                    |   |   | and off plains             |
| 34. | Utner o            | contingent and unliquidated claims of every nature, including coun  | terciaims of the debtor and rights to       | set off claims             |
|     | _                  | Describe each claim   |   |                            |
| 35. | Anv fir            | ancial assets you did not already list  |   |                            |
|     | ■ No               | ,   |   |                            |
|     | ☐ Yes.             | Give specific information   |   |                            |
| 36  |                    | he dollar value of all of your entries from Part 4, including any entrart 4. Write that number here   |   | \$100,701.85               |
| Pa  | art 5: De          | scribe Any Business-Related Property You Own or Have an Interest In. List a   | any real estate in Part 1.                  |                            |
| 27  |                    | own or have any legal or equitable interest in any business-related property  |   |                            |
|     | _ ′                | to Part 6.  | •   |                            |
| I   | ☐ Yes. G           | Go to line 38.  |   |                            |
|     |                    |   |   |                            |
| Pa  |                    | scribe Any Farm- and Commercial Fishing-Related Property You Own or Har<br>ou own or have an interest in farmland, list it in Part 1.                 | ve an Interest in.                          |                            |
| 46. | Do you             | own or have any legal or equitable interest in any farm- or comme   | rcial fishing-related property?             |                            |
|     | ■ No.              | Go to Part 7.   |   |                            |
|     | ☐ Yes              | . Go to line 47.  |   |                            |
|     |                    | _   |   |                            |
| Pa  | art 7:             | Describe All Property You Own or Have an Interest in That You Did Not Lis   | st Above                                    |                            |
| 53. | Examp              | have other property of any kind you did not already list?  bles: Season tickets, country club membership  |   |                            |
|     | ■ No               | Give specific information   |   |                            |
|     | ⊔ res.             | отче вресть плотпалон   |   |                            |
| 54  | . Add t            | he dollar value of all of your entries from Part 7. Write that number   | here  | \$0.00                     |

**Cosme Rolando Canche** Debtor 1 Debtor 2 **Guadalupe Del Rosario Canche** Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$526,300.00 56. Part 2: Total vehicles, line 5 \$12,419.00 57. Part 3: Total personal and household items, line 15 \$7,200.00 58. Part 4: Total financial assets, line 36 \$100,701.85 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$120,320.85 Copy personal property total \$120,320.85 62. 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$646,620.85

| Fill in this infor  | mation to identify your  | case:              |               |                       |
|---------------------|--------------------------|--------------------|---------------|-----------------------|
| Debtor 1            | Cosme Rolando (          | Canche             |               |                       |
|                     | First Name               | Middle Name        | Last Name     |                       |
| Debtor 2            | Guadalupe Del Re         | osario Canche      |               |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name     |                       |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT O | OF WASHINGTON |                       |
| Case number _       |                          |                    |               | ☐ Check if this is an |
|                     |                          |                    |               | amended filing        |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption             |
|---|--------------------------------------|-----------------------------------|---|--|
| ,   | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |  |
| 18312 80th Avenue CT E Puyallup,<br>WA 98375-9721                                   | \$526,300.00                         |                                   | \$526,300.00  | Wash. Rev. Code §§ 6.13.010 6.13.020, 6.13.030 |
| Residence:<br>Line from Schedule A/B: 1.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 0.10.020, 0.10.000                             |
| 2005 Ford Escape 142000 miles<br>Vehicle:   | \$1,200.00                           |                                   | \$1,200.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(iv)        |
| Line from Schedule A/B: 3.2   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| 2004 Kia Sedona 280000 miles<br>Vehicle:  | \$800.00                             |                                   | \$800.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(iv)        |
| Line from Schedule A/B: 3.3   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| Living room furniture, bedroom furniture, dining room furniture,                    | \$4,500.00                           |                                   | \$4,500.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(i)         |
| kitchen utensils, appliances, books, wall art. Line from Schedule A/B: 6.1          |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | The state of Name                              |
| TV, Laptop, and Cell phones   | \$2,000.00                           | •                                 | \$2,000.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(i)         |
| Ello IIolii Soriodulo FVD. 111  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit | 5.15.5 10(1)(a)(i)                             |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Debtor 1
Debtor 2
Cosme Rolando Canche
Guadalupe Del Rosario Canche
Brief description of the property and line on

Case number (if known)

| Schedule A/B that lists this property   | Current value of the<br>portion you own |     | ount of the exemption you claim                                 | Specific laws that allow exemption       |
|---|---|-----|---|--|
|   | Copy the value from<br>Schedule A/B     | Che | eck only one box for each exemption.                            |  |
| Clothes   | \$500.00                                |     | \$500.00  | Wash. Rev. Code §                        |
| Line from <i>Schedule A/B</i> : <b>11.1</b>   |   |     | 100% of fair market value, up to any applicable statutory limit | 6.15.010(1)(a)                           |
| Costume Jewelry Line from Schedule A/B: 12.1  | \$200.00                                |     | \$200.00  | Wash. Rev. Code §<br>6.15.010(1)(a)      |
|   |   |     | 100% of fair market value, up to any applicable statutory limit | . ,                                      |
| Joint Checking Account: US Bank Line from Schedule A/B: 17.1                            | \$411.45                                | •   | \$411.45  | Wash. Rev. Code §<br>6.15.010(1)(d)(ii)  |
|   |   |     | 100% of fair market value, up to any applicable statutory limit | (,,,,,                                   |
| Debtor 2 Checking Account: Navy<br>Federal Credit Union                                 | \$754.89                                |     | \$754.89  | Wash. Rev. Code §<br>6.15.010(1)(d)(ii)  |
| Line from Schedule A/B: 17.2  |   |     | 100% of fair market value, up to any applicable statutory limit | ,  |
| Debtor 2 Savings Account: Navy<br>Federal Credit Union                                  | \$0.04                                  |     | \$0.04  | Wash. Rev. Code §<br>6.15.010(1)(d)(ii)  |
| Line from Schedule A/B: 17.3  |   |     | 100% of fair market value, up to any applicable statutory limit | (,,,,                                    |
| Debtor 1 Robin Hood Line from Schedule A/B: 18.1  | \$3,895.00                              |     | \$3,895.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(ii)  |
|   |   |     | 100% of fair market value, up to any applicable statutory limit | , and a second                           |
| Debtor 2 Robin Hood Line from Schedule A/B: 18.2  | \$3,034.00                              |     | \$3,034.00  | Wash. Rev. Code §<br>6.15.010(1)(d)(ii)  |
|   |   |     | 100% of fair market value, up to any applicable statutory limit | (,,,,                                    |
| IRA: Debtor 1 Retirement: Navy<br>Federal Credit Union                                  | \$42,863.05                             |     | \$42,863.05   | Wash. Rev. Code § 6.15.020               |
| Line from Schedule A/B: 21.1  |   |     | 100% of fair market value, up to any applicable statutory limit |  |
| IRA: Debtor 2 Retirement: Navy<br>Federal Credit Union                                  | \$22,347.39                             |     | \$22,347.39   | Wash. Rev. Code § 6.15.020               |
| Line from Schedule A/B: 21.2  |   |     | 100% of fair market value, up to any applicable statutory limit |  |
| CD with Navy Federal Credit Union<br>Settlement from a car accident                     | \$27,396.03                             | •   | \$27,396.03   | Wash. Rev. Code §<br>6.15.010(1)(d)(vii) |
| Line from Schedule A/B: 23.1  |   |     | 100% of fair market value, up to any applicable statutory limit | ,  |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every ☐ No |   |     | led on or after the date of adjustmer                           | nt.)                                     |

Official Form 106C

☐ Yes

Schedule C: The Property You Claim as Exempt

| Fill in this information              | on to identify you                        | ir caco.   |   |  |                          |
|---------------------------------------|---|--|---|--|--------------------------|
|                                       |   |  |   |  |                          |
|                                       | Cosme Rolando<br>irst Name                | Middle Name Last Name  |   |  |                          |
|                                       |   | Rosario Canche   |   |  |                          |
|                                       | irst Name                                 | Middle Name Last Name  |   | -  |                          |
| United States Bankru                  | ptcy Court for the                        | WESTERN DISTRICT OF WASHINGTON   |   | _  |                          |
| Case number                           |   |  |   |  |                          |
| (if known)                            |   |  |   | ☐ Check                                      | if this is an            |
|                                       |   |  |   | amend  | ded filing               |
| O(() : 1   F   4                      | 000                                       |  |   |  |                          |
| Official Form 1                       |   |  |   |  |                          |
| Schedule D:                           | Creditors                                 | Who Have Claims Secured  | l by Propert  | У  | 12/15                    |
|                                       |   | If two married people are filing together, both are equout, number the entries, and attach it to this form. Or |   |  |                          |
| 1. Do any creditors have              | claims secured b                          | y your property?   |   |  |                          |
| ☐ No. Check this                      | box and submit t                          | his form to the court with your other schedules. Yo  | ou have nothing else t                                  | to report on this form.                      |                          |
| Yes. Fill in all of                   | of the information                        | below.   |   |  |                          |
| Part 1: List All Se                   | cured Claims                              |  |   |  |                          |
| 2. List all secured clain             | ns. If a creditor has                     | more than one secured claim, list the creditor separately  | Column A  | Column B                                     | Column C                 |
|                                       |   | s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.       | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Idaho Housin                      | g Agency                                  | Describe the property that secures the claim:  | \$273,887.00  | \$526,300.00                                 | \$0.00                   |
| Creditor's Name                       |   | 18312 80th Avenue CT E Puyallup,   |   |  |                          |
| Attn: Bankruj                         | •   | WA 98375-9721<br>Residence:  |   |  |                          |
| 844 Washingt<br>Ste 300               | on St, N,                                 | As of the date you file, the claim is: Check all that  |   |  |                          |
| Twin Falls, ID                        | 83301                                     | apply.  Contingent   |   |  |                          |
| Number, Street, City,                 |   | ☐ Unliquidated   |   |  |                          |
|                                       | ·   | ☐ Disputed   |   |  |                          |
| Who owes the debt?                    | Check one.                                | Nature of lien. Check all that apply.  |   |  |                          |
| Debtor 1 only                         |   | ☐ An agreement you made (such as mortgage or sec   | ured  |  |                          |
| Debtor 2 only                         |   | car loan)  |   |  |                          |
| Debtor 1 and Debtor                   | •   | ☐ Statutory lien (such as tax lien, mechanic's lien)   |   |  |                          |
| At least one of the de                | btors and another                         | ☐ Judgment lien from a lawsuit   |   |  |                          |
| Check if this claim is community debt | relates to a                              | Other (including a right to offset)  |   |  |                          |
| Date debt was incurred                | Opened<br>08/18 Last<br>Active<br>7/30/24 | Last 4 digits of account number 9531   |   |  |                          |

Official Form 106D

Date debt was incurred 7/30/24

Schedule D: Creditors Who Have Claims Secured by Property

Last 4 digits of account number

| Debtor 1   | Cosme Ro                               | olando Canch                              | е   |                                  | Case        | number (if known) |             |          |  |
|------------|--|---|---|----------------------------------|-------------|-------------------|-------------|----------|--|
|            | First Name                             | Middle N                                  | Name  | Last Name                        |             |                   |             |          |  |
| Debtor 2   | Guadalup                               | e Del Rosario                             | Canche  |                                  |             |                   |             |          |  |
|            | First Name                             | Middle N                                  | Name  | Last Name                        |             |                   |             |          |  |
|            |  |   |   |                                  |             |                   |             |          |  |
|            | CU                                     |   | Describe th   | e property that secures the      | claim:      | \$11,139.00       | \$10,419.00 | \$720.00 |  |
|            | litor's Name                           |   | 2018 Chr<br>Vehicle:  | ysler Pacifica 118000            | miles       |                   |             |          |  |
| Po         | n: Bankrup<br>Box 9750<br>Ilingham, W  |   | As of the da apply.   | ate you file, the claim is: Chec | ck all that |                   |             |          |  |
| Numl       | Number, Street, City, State & Zip Code |   |   | ated                             |             |                   |             |          |  |
| Who owe    | Who owes the debt? Check one.          |   | ☐ Disputed  Nature of lien. Check all that apply.  ☐ An agreement you made (such as mortgage or secured car loan) |                                  |             |                   |             |          |  |
| _          |  |   |   |                                  |             |                   |             |          |  |
| ☐ Debtor   | 1 and Debtor 2                         | only                                      | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                                  |             |                   |             |          |  |
| ☐ At least | t one of the deb                       | otors and another                         | ☐ Judgmer   | ☐ Judgment lien from a lawsuit   |             |                   |             |          |  |
|            | if this claim re<br>nunity debt        | elates to a                               | Other (in   | cluding a right to offset)       |             |                   |             |          |  |
| Date debt  | was incurred                           | Opened<br>10/18 Last<br>Active<br>7/05/24 | Last  | 4 digits of account number       | 6732        |                   |             |          |  |
| Add the    | dollar value o                         | f vour entries in (                       | Column A on t   | his page. Write that number      | here:       | \$285,026.0       | no          |          |  |
|            |  | •   |   | ue totals from all pages.        |             |                   |             |          |  |
|            | at number her                          |   |   |                                  |             | \$285,026.0       | וטע         |          |  |

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| Debtor 1  | Cosme Rolando C   | Canche  |  |  |   |  |
|---|---|---|--|--|---|--|
|   | First Name  | Middle Name   | Last Name  |  |   |  |
| Debtor 2<br>(Spouse if, filing)   | Guadalupe Del Ro  | osario Canche  Middle Name  | Last Name  |  |   |  |
|   |   |   |  |  |   |  |
| United States Ba  | inkruptcy Court for the:  | WESTERN DISTRICT  | OF WASHINGTON  |  |   |  |
| Case number _   |   |   |  |  | □ Cho   | als if this is an  |
| (ii kilowii)  |   |   |  |  | _   | ck if this is an<br>nded filing                          |
| Official Forr   | n 106E/F  |   |  |  |   |  |
|   | /F: Creditors W   | ho Have Unsec   | ured Claims  |  |   | 12/15  |
| any executory con<br>Schedule G: Execu<br>Schedule D: Credir<br>eft. Attach the Con<br>aame and case nu | d accurate as possible. Us<br>tracts or unexpired leases<br>itory Contracts and Unexp<br>tors Who Have Claims Secuntinuation Page to this pag<br>mber (if known). | that could result in a clain<br>ired Leases (Official Form<br>ured by Property. If more<br>e. If you have no informat | <ul> <li>m. Also list executory con<br/>106G). Do not include any<br/>space is needed, copy the</li> </ul> | tracts on Schedule A/B: F<br>y creditors with partially s<br>Part you need, fill it out, | Property (Official F<br>ecured claims than<br>number the entrie | orm 106A/B) and<br>at are listed in<br>s in the boxes on |
|   | ors have priority unsecure  |   |  |  |   |  |
| □ No. Go to F   | • •   | a ciamis agamst you:  |  |  |   |  |
| Yes.  | uit Z.  |   |  |  |   |  |
| Part 1. If more   | e claims in alphabetical orde<br>than one creditor holds a pa<br>ation of each type of claim, s   | rticular claim, list the other  | creditors in Part 3.   |  | Priority amount   | ntinuation Page of  Nonpriority  amount                  |
| 2.1 <b>IRS</b>  |   | Last 4 digits   | of account number  | \$0.00   | \$0.0   |  |
| Bankru<br>PO Box  | reditor's Name<br>ptcy Notices<br>( 7346<br>elphia, PA 19101  | When was th   | e debt incurred?   |  | -   |  |
|   | Street City State Zip Code  | As of the dat   | e you file, the claim is: Ch   | eck all that apply   |   |  |
| Who incurre   | d the debt? Check one.  | ☐ Contingen   | t  |  |   |  |
| Debtor 1  | only  | ☐ Unliquidat  | ed   |  |   |  |
| Debtor 2  | only  | ☐ Disputed  |  |  |   |  |
| Debtor 1  | and Debtor 2 only   | Type of PRIC  | RITY unsecured claim:  |  |   |  |
| ☐ At least o  | ne of the debtors and anothe  | Domestic  | support obligations  |  |   |  |
| ■ Check if  | this claim is for a commur  | nity debt Taxes and   | certain other debts you owe  | e the government   |   |  |
|   | subject to offset?  | ☐ Claims for  | death or personal injury wh  | ile you were intoxicated   |   |  |
| ■ No  |   | ☐ Other. Spe  |  |  |   |  |
| ☐ Yes   |   |   | Notice Only  |  |   |  |
| Part 2: List A  | II of Your NONPRIORIT   | Y Unsecured Claims  |  |  |   |  |
|   | ors have nonpriority unsec  |   |  |  |   |  |
|   | ve nothing to report in this pa   |   |  | les  |   |  |
| Yes.  |   | and form to the t   | sear. mar your outer sorieuu   |  |   |  |
|   | r nonpriority unsecured cla<br>m, list the creditor separately  |   |  |  |   |  |

42281

Total claim

Official Form 106 E/F

|     | Guadalupe Del Rosario Canche  |   | Case number (if known)         |                 |            |
|-----|---|---|--------------------------------|-----------------|------------|
| 4.1 | Amex  | Last 4 digits of account number   | 9636                           |                 | \$0.00     |
|     | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998 | When was the debt incurred?   | Opened 12/15 Last 03/24        | Active          |            |
|     | Number Street City State Zip Code Who incurred the debt? Check one.                   | As of the date you file, the claim i  | s: Check all that apply        |                 |            |
|     | Debtor 1 only   | ☐ Contingent  |                                |                 |            |
|     | Debtor 2 only   | ☐ Unliquidated  |                                |                 |            |
|     | ■ Debtor 1 and Debtor 2 only  | Disputed  |                                |                 |            |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | l claim:                       |                 |            |
|     | ■ Check if this claim is for a community  | ☐ Student loans   |                                |                 |            |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce t  | hat you did not |            |
|     | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar del | ots             |            |
|     | ☐ Yes   | Other. Specify Credit Card  |                                |                 |            |
| 4.2 | Bank of America Nonpriority Creditor's Name   | Last 4 digits of account number   | 9156                           |                 | \$6,680.00 |
|     | Attn: Bankruptcy<br>4909 Savarese Circle  | When was the debt incurred?   | Opened 10/19 Last 03/24        | Active          |            |
|     | Tampa, FL 33634  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply        |                 |            |
|     | Debtor 1 only   | ☐ Contingent  |                                |                 |            |
|     | Debtor 2 only   | ☐ Unliquidated  |                                |                 |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                |                 |            |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | l claim:                       |                 |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |                                |                 |            |
|     | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims   | ration agreement or divorce t  | hat you did not |            |
|     | ■ No  | Debts to pension or profit-sharin   | g plans, and other similar del | ots             |            |
|     | □Yes  | Other. Specify Credit Card  |                                |                 |            |
| 4.3 | Bank of America   | Last 4 digits of account number   | 8853                           |                 | \$4,719.00 |
|     | Nonpriority Creditor's Name Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634     | When was the debt incurred?   | Opened 07/21 Last 03/24        | Active          |            |
|     | Number Street City State Zip Code   | As of the date you file, the claim i  | s: Check all that apply        |                 |            |
|     | Who incurred the debt? Check one.   |   |                                |                 |            |
|     | Debtor 1 only   | ☐ Contingent  |                                |                 |            |
|     | Debtor 2 only   | ☐ Unliquidated  |                                |                 |            |
|     | ■ Debtor 1 and Debtor 2 only  |   |                                |                 |            |
|     | ☐ At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured   |                                |                 |            |
|     | ■ Check if this claim is for a community  | ☐ Student loans   |                                |                 |            |
|     | debt Is the claim subject to offset?  | $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                |                 |            |
|     | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar deb | ots             |            |
|     | ☐ Yes   | ■ Other. Specify Credit Card  |                                |                 |            |

|     | or 1 Cosme Rolando Canche Or 2 Guadalupe Del Rosario Canche |  | Case number (if known)                       |            |  |  |  |
|-----|---|--|--|------------|--|--|--|
| 4.4 | Bank of America   | Last 4 digits of account number                                | 5060   | \$2,667.00 |  |  |  |
|     | Nonpriority Creditor's Name                                 |  |  | 42,007.100 |  |  |  |
|     | Attn: Bankruptcy  |  | Opened 08/21 Last Active                     |            |  |  |  |
|     | 4909 Savarese Circle<br>Tampa, FL 33634                     | When was the debt incurred?                                    | 04/24  |            |  |  |  |
|     | Number Street City State Zip Code                           | As of the date you file, the claim i                           | s: Check all that apply                      |            |  |  |  |
|     | Who incurred the debt? Check one.                           |  |  |            |  |  |  |
|     | ☐ Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only                                | '  |  |            |  |  |  |
|     | ☐ At least one of the debtors and another                   | ☐ Disputed  Type of NONPRIORITY unsecured                      | l claim:                                     |            |  |  |  |
|     | <u>_</u>  | Student loans  | i Ciaiiii.                                   |            |  |  |  |
|     | Check if this claim is for a community<br>debt              | _  |  |            |  |  |  |
|     | Is the claim subject to offset?                             | report as priority claims                                      | ration agreement or divorce that you did not |            |  |  |  |
|     | ■ No  | Debts to pension or profit-sharing                             | g plans, and other similar debts             |            |  |  |  |
|     | ☐ Yes   | ■ Other. Specify Credit Card                                   | <u> </u>                                     |            |  |  |  |
| 4.5 | Barclays Bank Delaware                                      | Last 4 digits of account number                                | 4014   | \$6,483.00 |  |  |  |
|     | Nonpriority Creditor's Name                                 | _  |  | **,        |  |  |  |
|     | Attn: Bankruptcy  |  | Opened 10/17 Last Active                     |            |  |  |  |
|     | Po Box 8801<br>Wilmington, DE 19899                         | When was the debt incurred?                                    | 03/24  |            |  |  |  |
|     | Number Street City State Zip Code                           | As of the date you file, the claim i                           | s: Check all that apply                      |            |  |  |  |
|     | Who incurred the debt? Check one.                           | -  |  |            |  |  |  |
|     | ☐ Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only                                | _ `  |  |            |  |  |  |
|     | ☐ At least one of the debtors and another                   | ☐ Disputed  Type of NONPRIORITY unsecured                      |  |            |  |  |  |
|     | _   | Student loans  | a didiiii.                                   |            |  |  |  |
|     | Check if this claim is for a community debt                 |  |  |            |  |  |  |
|     | Is the claim subject to offset?                             | Obligations arising out of a sepa<br>report as priority claims |  |            |  |  |  |
|     | ■ No  | Debts to pension or profit-sharing                             | g plans, and other similar debts             |            |  |  |  |
|     | □Yes  | ■ Other. Specify Credit Card                                   | <u> </u>                                     |            |  |  |  |
| 4.6 | Paralaya Pank Dalayyara                                     | Lock A digita of account number                                | 6944   | \$902.00   |  |  |  |
| 4.0 | Barclays Bank Delaware Nonpriority Creditor's Name          | Last 4 digits of account number                                |  | φ902.00    |  |  |  |
|     | Attn: Bankruptcy  |  | Opened 04/22 Last Active                     |            |  |  |  |
|     | Po Box 8801   | When was the debt incurred?                                    | 04/24  |            |  |  |  |
|     | Wilmington, DE 19899  Number Street City State Zip Code     | As of the date you file, the claim i                           | s: Chack all that apply                      |            |  |  |  |
|     | Who incurred the debt? Check one.                           | As of the date you me, the dam's                               | 3. Offect all that apply                     |            |  |  |  |
|     | Debtor 1 only   |  |  |            |  |  |  |
|     | Debtor 2 only   | Contingent   |  |            |  |  |  |
|     | Debtor 1 and Debtor 2 only                                  | ☐ Unliquidated   |  |            |  |  |  |
|     | _   | ☐ Disputed  Type of NONPRIORITY unsecured                      |  |            |  |  |  |
|     | At least one of the debtors and another                     | a ciaim:   |  |            |  |  |  |
|     | Check if this claim is for a community                      | ☐ Student loans  |  |            |  |  |  |
|     | debt Is the claim subject to offset?                        | Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did not |            |  |  |  |
|     | No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |  |  |  |
|     |   | ·  |  |            |  |  |  |
|     | Yes   | ■ Other. Specify Credit Card                                   | I  |            |  |  |  |

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

|     | or 2 Guadalupe Del Rosario Canche                                       |  | Case number (if known)                       |             |
|-----|---|--|--|-------------|
| 4.7 | Capital One   | Last 4 digits of account number                              | 1911   | \$11,252.00 |
|     | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285               | When was the debt incurred?                                  | Opened 11/18 Last Active 03/24               | . ,         |
|     | Salt Lake City, UT 84130  Number Street City State Zip Code             | As of the date you file, the claim i                         |  |             |
|     | Who incurred the debt? Check one.  ☐ Debtor 1 only                      | ☐ Contingent   |  |             |
|     | Debtor 2 only   | ☐ Unliquidated   |  |             |
|     | ■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                     |             |
|     | ■ Check if this claim is for a community                                | Student loans  |  |             |
|     | debt Is the claim subject to offset?                                    | report as priority claims                                    | ration agreement or divorce that you did not |             |
|     | No  | Debts to pension or profit-sharin                            |  |             |
|     | Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |             |
| 4.8 | Capital One Nonpriority Creditor's Name                                 | Last 4 digits of account number                              | 0997   | \$0.00      |
|     | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130                  | When was the debt incurred?                                  | Opened 09/23 Last Active 09/24               |             |
|     | Number Street City State Zip Code                                       | As of the date you file, the claim i                         | s: Check all that apply                      |             |
|     | Who incurred the debt? Check one.                                       |  |  |             |
|     | Debtor 1 only   | ☐ Contingent   |  |             |
|     | ■ Debtor 2 only   | ☐ Unliquidated   |  |             |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|     | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|     | ☐ Check if this claim is for a community                                | ☐ Student loans  |  |             |
|     | debt Is the claim subject to offset?                                    | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|     | ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |             |
|     | ☐ Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |             |
| 4.9 | Cbna  | Last 4 digits of account number                              | 9785   | \$2,842.00  |
|     | Nonpriority Creditor's Name Attn: Centralized Bankruptcy/Citicorp       | When was the debt incurred?                                  | Opened 10/18 Last Active 03/24               |             |
|     | Po Box 790034<br>St Louis, MO 63179                                     | when was the dept incurred:                                  | 03/24  |             |
|     | Number Street City State Zip Code                                       | As of the date you file, the claim i                         | s: Check all that apply                      |             |
|     | Who incurred the debt? Check one.                                       |  |  |             |
|     | ☐ Debtor 1 only   | ☐ Contingent   |  |             |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|     | ☐ At least one of the debtors and another                               | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|     | ■ Check if this claim is for a community                                | ☐ Student loans  |  |             |
|     | debt Is the claim subject to offset?                                    | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |
|     | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |             |
|     | ☐ Yes   | ■ Other. Specify Credit Card                                 | <u> </u>                                     |             |

| Guadalupe Del Rosario Canche   |  | Case number (if known)                        |           |
|--|--|---|-----------|
| Citibank   | Last 4 digits of account number                              | 9168  | \$3,101.0 |
| Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040        | When was the debt incurred?                                  | Opened 09/19 Last Active 01/24                |           |
| St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |           |
| ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Contingent   |   |           |
| ■ Debtor 1 and Debtor 2 only   | ☐ Unliquidated☐ Disputed                                     |   |           |
| At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |           |
| ■ Check if this claim is for a community debt  |  | aration agreement or divorce that you did not |           |
| s the claim subject to offset?   | report as priority claims                                    |   |           |
| No   | Debts to pension or profit-sharing                           |   |           |
| Yes  | Other. Specify Credit Card                                   | 1   |           |
| Citibank   | Last 4 digits of account number                              | 6131  | \$617.00  |
| Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040        | When was the debt incurred?                                  | Opened 7/24/21 Last Active 12/21/23           |           |
| St Louis, MO 63179  Number Street City State Zip Code                                    | As of the date you file, the claim                           | is. Check all that apply                      |           |
| Who incurred the debt? Check one.  | As of the date you me, the claim                             | is. Offect all trial apply                    |           |
| Debtor 1 only  | ☐ Contingent   |   |           |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |           |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community   | ☐ Student loans  |   |           |
| debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |           |
| □Yes   | Other Specify Credit Card                                    | 1   |           |

| Guadalupe Del Rosario Canche   |  | Case number (if known)                        |           |
|--|--|---|-----------|
| Citibank/Best Buy  | Last 4 digits of account number  | 3512  | \$4,288.0 |
| Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 St Louis, MO 63179 | When was the debt incurred?  | Opened 01/14 Last Active 04/24                |           |
| Number Street City State Zip Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim   | is: Check all that apply                      |           |
| ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Contingent☐ Unliquidated   |   |           |
| ■ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another                              | ☐ Disputed  Type of NONPRIORITY unsecure                                     | d claim:                                      |           |
| Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| s the claim subject to onset?  | Debts to pension or profit-sharin  | ng plans, and other similar debts             |           |
| ☐ Yes  | Other. Specify Charge Acc  | count   |           |
| Citibank/The Home Depot  | Last 4 digits of account number  | 0128  | \$1,014.0 |
| Nonpriority Creditor's Name<br>Citicorp Cr Srvs/Centralized<br>Bankruptcy<br>Po Box 790040           | When was the debt incurred?  | Opened 10/18/19 Last Active 04/24             |           |
| St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one.             | As of the date you file, the claim   | is: Check all that apply                      |           |
| ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Contingent☐ Unliquidated   |   |           |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |
| At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:                                      |           |
| ■ Check if this claim is for a community debt Is the claim subject to offset?                        | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| ■ No   | Debts to pension or profit-sharin  | g plans, and other similar debts              |           |
| ☐ Yes  | ■ Other Specify Charge Acc   |   |           |

| Comenity Bank/Breadrwds  | Last 4 digits of account number                               | 6410   | \$2,406.00 |
|--|---|--|------------|
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125                               | Opened 11/19 Last Active 06/24                                |  |            |
| Columbus, OH 43218  Number Street City State Zip Code                                    | As of the date you file, the claim i                          | s: Check all that apply                      |            |
| Who incurred the debt? Check one.  | ,   |  |            |
| Debtor 1 only  | ☐ Contingent  |  |            |
| Debtor 2 only  | ☐ Unliquidated  |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | I claim:                                     |            |
| Check if this claim is for a community   | ☐ Student loans   |  |            |
| debt<br>s the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
| Yes  | Other. Specify Credit Card                                    |  |            |
| Comenity Bank/Express Nonpriority Creditor's Name  | Last 4 digits of account number                               | 5582   | \$430.00   |
| Attn: Bankruptcy<br>Po Box 182125  | When was the debt incurred?                                   | Opened 11/03/19 Last Active 03/24            |            |
| Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent  |  |            |
| Debtor 2 only  | ☐ Unliquidated  |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | I claim:                                     |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
| debt<br>s the claim subject to offset?   | Obligations arising out of a sepa report as priority claims   | ration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
| □ Yes  | Other. Specify Charge Acc                                     | count  |            |
| Comenity Bank/Maurices   | Last 4 digits of account number                               | 1031   | \$0.00     |
| Nonpriority Creditor's Name  | _   | Opened 7/22/24 Leet Active                   |            |
| Attn: Bankruptcy<br>Po Box 182125<br>Columbus, OH 43218                                  | When was the debt incurred?                                   | Opened 7/23/21 Last Active 11/24/23          |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.                     | As of the date you file, the claim i                          | s: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent  |  |            |
| Debtor 2 only  | ☐ Unliquidated  |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | l claim:                                     |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
| debt<br>Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims   | ration agreement or divorce that you did not |            |
| oubjook to offoot!   | report as priority dailins                                    |  |            |
| ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |

| Comenity Bank/Victoria Secret  | Last 4 digits of account number                                | 5004  | \$877.00   |
|--|--|---|------------|
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 182125<br>Columbus, OH 43218 | When was the debt incurred?  Opened 10/29/20 Last Active 04/24 |   |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim i                           | is: Check all that apply                      |            |
| ☐ Debtor 1 only  | ☐ Contingent   |   |            |
| ■ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                  | d claim:                                      |            |
| ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa            | aration agreement or divorce that you did not |            |
| Is the claim subject to offset?  | report as priority claims                                      | •   |            |
| ■ No   | Debts to pension or profit-sharin                              |   |            |
| Yes  | Other. Specify Charge Acc                                      | count   |            |
| Comenity Bank/Zales  | Last 4 digits of account number                                | 4131  | \$1,850.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125                             | When was the debt incurred?                                    | Opened 04/15 Last Active 04/24                |            |
| Columbus, OH 43218  Number Street City State Zip Code                                  | As of the date you file, the claim i                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  | _  |   |            |
| Debtor 1 only  | Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                      | d claim:                                      |            |
| At least one of the debtors and another  | Student loans  | u Claiiii.                                    |            |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?          |  | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharin                              | ng plans, and other similar debts             |            |
| ☐ Yes  | Other. Specify Charge Acc                                      | count   |            |
| Comenity/Ulta  | Last 4 digits of account number                                | 2525  | \$0.00     |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125                        | When was the debt incurred?                                    | Opened 08/19 Last Active 12/06/23             |            |
| Columbus, OH 43218   | When was the dest mounted.                                     | 12/00/23                                      |            |
| Number Street City State Zip Code  | As of the date you file, the claim i                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  | _  |   |            |
| Debtor 1 only  | Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                      | d claim:                                      |            |
| At least one of the debtors and another  | Student loans  | u viaiiti.                                    |            |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?         |  | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharin                              | ng plans, and other similar debts             |            |
| □ Yes  | Other. Specify Credit Card                                     |   |            |

| Costco Citi Card   | Last 4 digits of account number                              | 3926   | \$4,862.00 |
|--|--|--|------------|
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 6500       | When was the debt incurred?                                  | Opened 11/19 Last Active 3/04/24             |            |
| Sioux Falls, SD 57117 Number Street City State Zip Code              |  | Chook all that apply                         |            |
| Who incurred the debt? Check one.                                    | As of the date you file, the claim i                         | s: Спеск ан тлат арргу                       |            |
| ☐ Debtor 1 only  | ☐ Contingent   |  |            |
| Debtor 2 only  | ☐ Unliquidated   |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | l claim:                                     |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |
| lebt s the claim subject to offset?                                  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
| Yes  | Other. Specify Credit Card                                   |  |            |
| Discover Financial   | Last 4 digits of account number                              | 4787   | \$3,790.00 |
| Nonpriority Creditor's Name  | _  |  |            |
| Attn: Bankruptcy<br>Po Box 3025                                      | When was the debt incurred?                                  | Opened 10/22 Last Active 03/24               |            |
| lew Albany, OH 43054   | When was the dest mounted.                                   | 03/24  |            |
| lumber Street City State Zip Code                                    | As of the date you file, the claim i                         | s: Check all that apply                      |            |
| Who incurred the debt? Check one.                                    | _  |  |            |
| Debtor 1 only  | Contingent   |  |            |
| Debtor 2 only  | Unliquidated   |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                    | l alaim.                                     |            |
| At least one of the debtors and another                              | Student loans  | i ciaiii.                                    |            |
| ☐ Check if this claim is for a community ebt                         |  | ration agreement or divorce that you did not |            |
| s the claim subject to offset?                                       | report as priority claims                                    | ration agreement of divorce that you did not |            |
| No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
| Yes  | Other. Specify Credit Card                                   |  |            |
| Discover Financial   | Last 4 digits of account number                              | 1737   | \$3,389.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy                         |  | Opened 07/20 Last Active                     |            |
| Po Box 3025  | When was the debt incurred?                                  | 02/24  |            |
| New Albany, OH 43054   |  |  |            |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | s: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent   |  |            |
| ☐ Debtor 1 only ☐ Debtor 2 only                                      | ☐ Unliquidated   |  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | l claim:                                     |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |
| lebt s the claim subject to offset?                                  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
| ☐Yes   | ■ Other. Specify Credit Card                                 |  |            |

| Diverse Funding   | Last 4 digits of account number           | 1496   | \$9,206.00 |
|---|---|--|------------|
| Nonpriority Creditor's Name Attn: Bankruptcy 2351 North Forest Road, Suite 110 Getzelle, NY 14068 | Opened 07/20 Last Active 03/24            |  |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.                              | As of the date you file, the claim i      | s: Check all that apply                      |            |
| ■ Debtor 1 only   | ☐ Contingent                              |  |            |
| Debtor 2 only   | ☐ Unliquidated                            |  |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured | l claim:                                     |            |
| At least one of the debtors and another   | Student loans                             | i Claiii.                                    |            |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?                     | _   | ration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharin         | g plans, and other similar debts             |            |
| □ Yes   | Other. Specify Credit Card                | <b>01</b>                                    |            |
| Goldman Sachs Bank USA  | Last 4 digits of account number           | 8704   | \$2,937.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 70379   | When was the debt incurred?               | Opened 08/19 Last Active 8/15/24             |            |
| Philadelphia, PA 19176  Number Street City State Zip Code   | As of the date you file, the claim i      |  |            |
| Who incurred the debt? Check one.   |   |  |            |
| Debtor 1 only   | ☐ Contingent                              |  |            |
| ■ Debtor 2 only   | ☐ Unliquidated                            |  |            |
| Debtor 1 and Debtor 2 only  | Disputed                                  |  |            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured             | I claim:                                     |            |
| ☐ Check if this claim is for a community debt   | ☐ Student loans                           |  |            |
| Is the claim subject to offset?   | report as priority claims                 | ration agreement or divorce that you did not |            |
| ■ No  | ☐ Debts to pension or profit-sharin       | g plans, and other similar debts             |            |
| ☐ Yes   | Other. Specify Credit Card                |  |            |
| Jpmcb   | Last 4 digits of account number           | 1515   | \$2,142.00 |
| Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane                                     | When was the debt incurred?               | Opened 01/16 Last Active 03/24               |            |
| Monroe, LA 71203<br>Number Street City State Zip Code   | As of the date you file, the claim i      |  |            |
| Who incurred the debt? Check one.   | _   |  |            |
| Debtor 1 only   | ☐ Contingent                              |  |            |
| Debtor 2 only   | ☐ Unliquidated                            |  |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured | l claim:                                     |            |
| At least one of the debtors and another   | Student loans                             | i ciaiii.                                    |            |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?                    |   | ration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharin         | g plans, and other similar debts             |            |
| □ Yes   | ■ Other. Specify Credit Card              |  |            |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Guadalupe Del Rosario Canche  |  | Case number (if known)                       |                   |
|---|--|--|-------------------|
| Jpmcb   | Last 4 digits of account number  | 9073   | \$1,583.00        |
| Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Mancas LA 71203             | Opened 11/18 Last Active 03/24   |  |                   |
| Monroe, LA 71203  Number Street City State Zip Code                                       | As of the date you file, the claim i   | s: Check all that apply                      |                   |
| Who incurred the debt? Check one.   | ,  |  |                   |
| ☐ Debtor 1 only   | ☐ Contingent   |  |                   |
| Debtor 2 only   | ☐ Unliquidated   |  |                   |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                   |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | l claim:                                     |                   |
| ■ Check if this claim is for a community  | ☐ Student loans  |  |                   |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                   | ration agreement or divorce that you did not |                   |
| No  | Debts to pension or profit-sharin  | g plans, and other similar debts             |                   |
| Yes   | Other. Specify Credit Card   | <u> </u>                                     |                   |
| Jpmcb   | Last 4 digits of account number  | 2751   | \$1,310.0         |
| Nonpriority Creditor's Name   |  |  | <b>V</b> 1,0 1010 |
| MailCode LA4-7100<br>700 Kansas Lane  | When was the debt incurred?  | Opened 08/13 Last Active 04/24               |                   |
| Monroe, LA 71203  Number Street City State Zip Code                                       | As of the date you file, the claim i   | s: Check all that apply                      |                   |
| Who incurred the debt? Check one.   | •  |  |                   |
| ■ Debtor 1 only   | ☐ Contingent   |  |                   |
| ☐ Debtor 2 only   | ☐ Unliquidated   |  |                   |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |  |                   |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | I claim:                                     |                   |
| ☐ Check if this claim is for a community  | ☐ Student loans  |  |                   |
| debt<br>Is the claim subject to offset?   | Obligations arising out of a sepa report as priority claims                    | ration agreement or divorce that you did not |                   |
| ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts |  |                   |
| Yes   | Other. Specify Credit Card   |  |                   |
| Kohl's  | Last 4 digits of account number  | 9750   | \$1.0             |
| Nonpriority Creditor's Name   |  |  | Ψ                 |
| Attn: Credit Administrator  |  | Opened 07/18 Last Active                     |                   |
| Po Box 3043   | When was the debt incurred?  | 04/24  |                   |
| Milwaukee, WI 53201  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i   | s: Check all that apply                      |                   |
| Debtor 1 only   | ☐ Contingent   |  |                   |
| ■ Debtor 2 only   | ☐ Unliquidated   |  |                   |
| Debtor 1 and Debtor 2 only  | Disputed   |  |                   |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | I claim:                                     |                   |
| ☐ Check if this claim is for a community  | ☐ Student loans  |  |                   |
| debt  |  | ration agreement or divorce that you did not |                   |
| Is the claim subject to offset?   | report as priority claims  | 5  |                   |
| ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |                   |
| ☐ Yes   | ■ Other. Specify Charge Acc  | count  |                   |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Mount Rainier Emergency  | Last 4 digits of account number   |   | \$1,663.0       |
|--|---|---|-----------------|
| Nonpriority Creditor's Name<br>401 15th Ave SE<br>Puyallup, WA 98372                     | When was the debt incurred?   |   |                 |
| Number Street City State Zip Code  Who incurred the debt? Check one.                     | As of the date you file, the claim  | is: Check all that apply                      |                 |
| ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Contingent  |   |                 |
| ■ Debtor 1 and Debtor 2 only   | ☐ Unliquidated☐ Disputed  |   |                 |
| ☐ At least one of the debtors and another  ☐ Check if this claim is for a community      | Type of NONPRIORITY unsecured  ☐ Student loans                              | d claim:                                      |                 |
| debt Is the claim subject to offset?   |   | aration agreement or divorce that you did not |                 |
| ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |                 |
| Yes  | Other. Specify Medical  |   |                 |
| Multicare  | Last 4 digits of account number   |   | \$1,605.        |
| Nonpriority Creditor's Name P.O. Box 34883   | When was the debt incurred?   |   | . , , , , , , , |
| Seattle, WA 98124-1883 Number Street City State Zip Code                                 | As of the date you file, the claim  | is: Check all that apply                      |                 |
| Who incurred the debt? Check one.  | ,   | one on an anal apply                          |                 |
| ☐ Debtor 1 only  | ☐ Contingent  |   |                 |
| Debtor 2 only  | ☐ Unliquidated  |   |                 |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                 |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |                 |
| ■ Check if this claim is for a community   | ☐ Student loans   |   |                 |
| debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                  | aration agreement or divorce that you did not |                 |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts |   |                 |
| Yes  | Other. Specify Medical  |   |                 |
| Navy Federal Credit Union  | Last 4 digits of account number   | 9663  | \$19,934.       |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000                                 | When was the debt incurred?   | Opened 10/19 Last Active 04/24                |                 |
| Merrifield, VA 22119 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |                 |
| ☐ Debtor 1 only  | ☐ Contingent  |   |                 |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |                 |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                 |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |                 |
| ■ Check if this claim is for a community   | ☐ Student loans   |   |                 |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                | aration agreement or divorce that you did not |                 |
| ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |                 |
| _ 140  |   |   |                 |

| Guadalupe Del Rosario Canche  | Case number (if known)                              |  |                   |
|---|---|--|-------------------|
| Navy Federal Credit Union   | Last 4 digits of account number                     | 9663   | \$19,934.00       |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred?                         | Opened 10/19 Last Active 3/26/24             |                   |
| Number Street City State Zip Code   | As of the date you file, the claim i                | s: Check all that apply                      |                   |
| Who incurred the debt? Check one.   |   |  |                   |
| Debtor 1 only   | ☐ Contingent  |  |                   |
| Debtor 2 only   | ☐ Unliquidated                                      |  |                   |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |                   |
| At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                       | d claim:                                     |                   |
| ■ Check if this claim is for a community                                      | ☐ Student loans                                     |  |                   |
| debt<br>Is the claim subject to offset?                                       | report as priority claims                           | ration agreement or divorce that you did not |                   |
| No  | Debts to pension or profit-sharin                   | g plans, and other similar debts             |                   |
| Yes   | Other. Specify Credit Card                          | <u> </u>                                     |                   |
| Navy Federal Credit Union Nonpriority Creditor's Name                         | Last 4 digits of account number                     | 2150   | \$18,596.00       |
| Attn: Bankruptcy<br>Po Box 3000   | When was the debt incurred?                         | Opened 04/16 Last Active 04/24               |                   |
| Merrifield, VA 22119  Number Street City State Zip Code                       | As of the date you file, the claim i                | s: Check all that apply                      |                   |
| Who incurred the debt? Check one.   |   |  |                   |
| Debtor 1 only   | Contingent  |  |                   |
| Debtor 2 only   | ☐ Unliquidated                                      |  |                   |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured           | I alaim.                                     |                   |
| At least one of the debtors and another                                       | Student loans                                       | i Claiiii.                                   |                   |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? |   | ration agreement or divorce that you did not |                   |
| ■ No  | Debts to pension or profit-sharin                   | g plans, and other similar debts             |                   |
| □ Yes   | Other. Specify Credit Card                          |  |                   |
| Navy Federal Credit Union   | Last 4 digits of account number                     | 2150   | \$18,596.00       |
| Nonpriority Creditor's Name Attn: Bankruptcy                                  |   | Opened 04/16 Last Active                     | <b>V10,000.00</b> |
| Po Box 3000<br>Merrifield, VA 22119   | When was the debt incurred?                         | 2/27/24                                      |                   |
| Number Street City State Zip Code  Who incurred the debt? Check one.          | As of the date you file, the claim i                | s: Check all that apply                      |                   |
| ■ Debtor 1 only   | ☐ Contingent  |  |                   |
| Debtor 2 only   | ☐ Unliquidated                                      |  |                   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |                   |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured                       | d claim:                                     |                   |
| ☐ Check if this claim is for a community debt                                 | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not |                   |
| Is the claim subject to offset?   | report as priority claims                           | agreement of diverse that you did not        |                   |
| ■ <sub>No</sub>   | Debts to pension or profit-sharin                   | g plans, and other similar debts             |                   |
| ☐ Yes   | ■ Other. Specify Credit Card                        | ı  |                   |

| Nordstrom Signature Visa                                       | Last 4 digits of account number   | 9872  | \$344.00   |
|--|---|---|------------|
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 6555 | Opened 10/19 Last Active 06/24  |   |            |
| Englewood, CO 80155  Number Street City State Zip Code         | As of the date you file, the claim i  | is: Chock all that apply                      |            |
| Who incurred the debt? Check one.                              | As of the date you me, the claim i  | в. Спеск ан так арру                          |            |
| Debtor 1 only  | ☐ Contingent  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |   |            |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured   | d claim:                                      |            |
| ☐ Check if this claim is for a community                       | ☐ Student loans   |   |            |
| lebt s the claim subject to offset?                            | ☐ Obligations arising out of a sepa   | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharin   | ng plans, and other similar debts             |            |
| □Yes   | Other. Specify Credit Card  | <u> </u>                                      |            |
| Syncb/Old Navy   | Last 4 digits of account number   | 2045  | \$2,524.00 |
| Nonpriority Creditor's Name                                    | _   |   |            |
| Attn: Bankruptcy<br>Po Box 965060                              | When was the debt incurred?   | Opened 06/16 Last Active 03/24                |            |
| Orlando, FL 32896  | when was the dept incurred?   | 03/24   |            |
| lumber Street City State Zip Code                              | As of the date you file, the claim i  | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                              |   |   |            |
| Debtor 1 only  | ☐ Contingent  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| Debtor 1 and Debtor 2 only                                     | ☐ Disputed  |   |            |
| At least one of the debtors and another                        | Type of NONPRIORITY unsecured   | d claim:                                      |            |
| Check if this claim is for a community                         | ☐ Student loans   |   |            |
| ebt<br>s the claim subject to offset?                          | Obligations arising out of a sepa report as priority claims   | aration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharin   | g plans, and other similar debts              |            |
| ☐ Yes  | Other. Specify Credit Card  | <u> </u>                                      |            |
| Synchrony Bank   | Last 4 digits of account number   | 7058  | \$6,517.00 |
| Nonpriority Creditor's Name                                    | _   | Opened 12/10 Last Astires                     |            |
| Attn: Bankruptcy Po Box 965060                                 | When was the debt incurred?   | Opened 12/19 Last Active 02/24                |            |
| Orlando, FL 32896  Number Street City State Zip Code           | As of the date you file, the claim i  | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                              | , and the same of |   |            |
| Debtor 1 only  | ☐ Contingent  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |   |            |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured   | d claim:                                      |            |
| ☐ Check if this claim is for a community                       | ☐ Student loans   |   |            |
| debt   | ☐ Obligations arising out of a sepa   | aration agreement or divorce that you did not |            |
| s the claim subject to offset?                                 | report as priority claims   | 3   |            |
| No   | Debts to pension or profit-sharin   | g plans, and other similar debts              |            |
| ☐ Yes  | ■ Other. Specify Credit Card  | I   |            |

| Synchrony Bank   | Last 4 digits of account number                               | 9352   | \$713.0   |
|--|---|--|-----------|
| Nonpriority Creditor's Name<br>Attn: Bankruptcy<br>Po Box 965060     | When was the debt incurred?                                   | Opened 03/20 Last Active 02/24               |           |
| Orlando, FL 32896  |   | - Ob a least that a such a                   |           |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |           |
| Debtor 1 only  | ☐ Contingent  |  |           |
| Debtor 2 only  | ☐ Unliquidated  |  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |           |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                 | d claim:                                     |           |
| $\square$ Check if this claim is for a community debt                |   | ration agreement or divorce that you did not |           |
| s the claim subject to offset?                                       | report as priority claims                                     |  |           |
| No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |           |
| ☐Yes   | Other. Specify Credit Card                                    | <u> </u>                                     |           |
| Synchrony Bank/Amazon  | Last 4 digits of account number                               | 1716   | \$4,366.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy                         | _   | Opened 04/20 Last Active                     |           |
| Po Box 965060<br>Orlando, FL 32896                                   | When was the debt incurred?                                   | 02/24  |           |
| Number Street City State Zip Code                                    | As of the date you file, the claim i                          | s: Check all that apply                      |           |
| Who incurred the debt? Check one.                                    |   |  |           |
| Debtor 1 only  | ☐ Contingent  |  |           |
| Debtor 2 only  | ☐ Unliquidated  |  |           |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |           |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                 | d claim:                                     |           |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |  |           |
| debt<br>s the claim subject to offset?                               | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |           |
| No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |           |
| ☐ Yes  | Other. Specify Charge Acc                                     | count  |           |
| Td Retail Card Services  | Last 4 digits of account number                               | 4665   | \$2,258.0 |
| Nonpriority Creditor's Name  |   |  | , -,      |
| Ms Bt Pob 9475<br>Minneapolis, MN 55440                              | When was the debt incurred?                                   | Opened 04/17 Last Active 04/24               |           |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |           |
| Debtor 1 only  | ☐ Contingent  |  |           |
| Debtor 2 only  | ☐ Unliquidated  |  |           |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |           |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | d claim:                                     |           |
| ☐ Check if this claim is for a community                             | ☐ Student loans ☐ Obligations arising out of a sena           | ration agreement or divorce that you did not |           |
| s the claim subject to offset?                                       | report as priority claims                                     | ration agreement or divorce that you did not |           |
| No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |           |
| □ Yes  | ■ Other Specify Charge Acc                                    |  |           |

| Last 4 digits of account number      | 1795   | \$8,29   |
|--------------------------------------|--|--|
| Last + digits of account number      |  |  |
| When was the debt incurred?          | Opened 08/13 Last Active 03/24   |  |
| As of the date you file, the claim i | s: Check all that apply  |  |
| ☐ Contingent                         |  |  |
| ☐ Unliquidated                       |  |  |
| ☐ Disputed                           |  |  |
| • •                                  | l claim:   |  |
| _                                    |  |  |
| report as priority claims            | ·  |  |
| ·                                    | • •  |  |
| Other. Specify Check Cred            | lit Or Line Of Credit  |  |
| Last 4 digits of account number      | 0726   | \$7,60   |
|                                      | Opened 03/46 Leet Active   |  |
| When was the debt incurred?          | 03/24 Last Active  |  |
| As of the date you file, the claim i | s: Check all that apply  |  |
|                                      |  |  |
| ☐ Contingent                         |  |  |
| ☐ Unliquidated                       |  |  |
| ☐ Disputed                           |  |  |
| _ <u></u> -                          | l claim:   |  |
|                                      |  |  |
|                                      | ration agreement or divorce that you did not   |  |
|                                      | g plans, and other similar debts   |  |
| Other Specify Credit Card            |  |  |
|                                      | E620   |  |
| Last 4 digits of account number      |  | \$3,318  |
| When was the debt incurred?          | Opened 12/15 Last Active 04/24   |  |
| As of the date you file, the claim i | s: Check all that apply  |  |
| ☐ Contingent                         |  |  |
| ☐ Unliquidated                       |  |  |
| ☐ Disputed                           |  |  |
| _ <u></u> -                          | I claim:   |  |
| _                                    |  |  |
|                                      | ration agreement or divorce that you did not   |  |
|                                      | g plans, and other similar debts   |  |
| bosto to position of profit shariff  | g piano, and other onliner dobto   |  |
|                                      | As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharing Other. Specify  Check Cred  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Credit Card  Last 4 digits of account number  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured?  As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Check Credit Or Line Of Credit  Last 4 digits of account number When was the debt incurred? Opened 03/16 Last Active 03/24  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Other. Specify Credit Card  Last 4 digits of account number Opened 03/16 Last Active 03/24  As of the date you file, the claim is: Check all that apply  Contingent Other. Specify Credit Card  Last 4 digits of account number Other. Specify Credit Card  Copened 12/15 Last Active 04/24  As of the date you file, the claim is: Check all that apply Opened 12/15 Last Active 04/24  As of the date you file, the claim is: Check all that apply Opened 12/15 Last Active 04/24  As of the date you file, the claim is: Check all that apply Opened 12/15 Last Active 04/24  As of the date you file, the claim is: Check all that apply Opened 12/15 Last Active 04/24  As of the date you file, the claim is: Check all that apply Opened 12/15 Last Active 04/24  As of the date you file, the claim is: Check all that apply Opened 12/15 Last Active 04/24  As of the date you file, the claim is: Check all that apply |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

Page 16 of 17

| Debtor 1 | Cosme Rolando Canche         |                        |  |
|----------|------------------------------|------------------------|--|
| Debtor 2 | Guadalupe Del Rosario Canche | Case number (if known) |  |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim      |
|-----------------------|-----|---|-----|------------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims          |     |   |     |                  |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government                              | 6b. | \$<br>0.00       |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                    | 6c. | \$<br>0.00       |
|                       | 6d. | <b>Other.</b> Add all other priority unsecured claims. Write that amount here.    | 6d. | \$<br>0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|                       |     |   |     | Total Claim      |
| Total                 | 6f. | Student loans   | 6f. | \$<br>0.00       |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that                 |     |                  |
|                       | og. | you did not report as priority claims   | 6g. | \$<br>0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$<br>0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>195,615.51 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$<br>195,615.51 |

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

| Fill in this informa |                        |                    |               |  |                                    |
|----------------------|------------------------|--------------------|---------------|--|------------------------------------|
| Debtor 1             |                        |                    |               |  |                                    |
|                      | First Name             | Middle Name        | Last Name     |  |                                    |
| Debtor 2             | Guadalupe Del Ro       |                    |               |  |                                    |
| (Spouse if, filing)  | First Name             | Middle Name        | Last Name     |  |                                    |
| United States Bank   | cruptcy Court for the: | WESTERN DISTRICT O | OF WASHINGTON |  |                                    |
| Case number          |                        |                    |               |  | Check if this is an amended filing |

## Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number, | whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---------------------|-------------------|---|
| 2.1 |           |                               |                     |                   |   |
|     | Name      |                               |                     |                   | _                                       |
|     | Number    | Street                        |                     |                   | _                                       |
|     |           |                               |                     |                   |   |
|     | City      |                               | State               | ZIP Code          | _                                       |
| 2.2 |           |                               |                     |                   |   |
|     | Name      |                               |                     |                   | _                                       |
|     |           |                               |                     |                   |   |
|     | Number    | Street                        |                     |                   |   |
|     |           |                               |                     |                   |   |
|     | City      |                               | State               | ZIP Code          | _                                       |
| 2.3 | -         |                               |                     |                   |   |
|     | Name      |                               |                     |                   | _                                       |
|     |           |                               |                     |                   |   |
|     |           |                               |                     |                   | _                                       |
|     | Number    | Street                        |                     |                   |   |
|     | City      |                               | State               | ZIP Code          | _                                       |
| 0.4 | City      |                               | State               | ZIP Code          |   |
| 2.4 |           |                               |                     |                   | _                                       |
|     | Name      |                               |                     |                   |   |
|     |           |                               |                     |                   |   |
|     | Number    | Street                        |                     |                   | _                                       |
|     |           |                               |                     |                   |   |
|     | City      |                               | State               | ZIP Code          |   |
| 2.5 |           |                               |                     |                   |   |
|     | Name      |                               |                     |                   | _                                       |
|     |           |                               |                     |                   |   |
|     | Number    | Street                        |                     |                   | _                                       |
|     | MULLIDE   | Olicei                        |                     |                   |   |
|     | City      |                               | State               | ZIP Code          | _                                       |
|     | - N.y     |                               | Olulo               |                   |   |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Elli in this infor                   |  |   |                        |   |   |
|--------------------------------------|--|---|------------------------|---|---|
|                                      | mation to identify your                                  |   |                        |   |   |
| Debtor 1                             | Cosme Rolando  | Canche Middle Name  | Last Name              |   |   |
| Debtor 2                             | Guadalupe Del R  |   | <u>Luot Hamo</u>       |   |   |
| (Spouse if, filing)                  | First Name   | Middle Name   | Last Name              |   |   |
| United States Ba                     | ankruptcy Court for the:                                 | WESTERN DISTRICT OF V   | VASHINGTON             |   |   |
| Case number                          |  |   |                        |   |   |
| (if known)                           |  |   |                        |   | Check if this is an amended filing  |
| Official Fo                          | orm 106H   |   |                        |   |   |
|                                      | H: Your Cod  | ehtors  |                        |   | 12/15   |
| ocnedate                             | TIL TOUT OOU   | CDIOIS  |                        |   | 12/13   |
| fill it out, and nu<br>your name and | imber the entries in the case number (if known)          |   | Additional Page t      | o this page. On the top                 | eeded, copy the Additional Page,<br>o of any Additional Pages, write  |
| ■ No                                 |  |   |                        |   |   |
| ☐ Yes                                |  |   |                        |   |   |
| 2 Within th                          | o loct 9 voore, hove vo                                  | Llived in a community prope   | urty atata ar tarritar | 12 (Community areas                     | v ototoo and to witorica include  |
|                                      |  | <b>I lived in a community prope</b><br>, Nevada, New Mexico, Puerto |                        |   | y states and territories include  |
| □ No. Go to                          | lino 2   |   |                        |   |   |
| _                                    |  | use, or legal equivalent live wit                                   | th you at the time?    |   |   |
| — 103. Dia                           | your spouse, former spo                                  | use, or regar equivalent live wil                                   | ar you at the time:    |   |   |
|                                      |  |   |                        |   |   |
| ■ Ye                                 | es.  |   |                        |   |   |
|                                      | In which community stat                                  | e or territory did you live?  | -NONE-                 | . Fill in the name a                    | nd current address of that person.  |
|                                      | Name of your spouse, former sp                           | ouse, or legal equivalent   |                        |   |   |
|                                      | Number, Street, City, State & Zip                        |   |                        |   |   |
| in line 2 ag                         | ain as a codebtor only i<br>), Schedule E/F (Officia     | f that person is a guarantor  | or cosigner. Make      | sure you have listed th                 | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                      | nn 1: Your codebtor<br>Number, Street, City, State and Z | IP Code   |                        | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:  |
| 3.1                                  |  |   |                        | ☐ Schedule D, lin                       | e   |
| Name                                 |  |   |                        | ☐ Schedule E/F, I                       |   |
|                                      |  |   |                        | ☐ Schedule G, lin                       |   |
| Numbe                                | r Street   |   |                        | _                                       |   |
| City                                 |  | State   | ZIP Code               |   |   |
|                                      |  |   |                        |   |   |
| 3.2 Name                             |  |   |                        | Schedule D, lin                         |   |
| inaille                              |  |   |                        | ☐ Schedule E/F, I                       |   |
|                                      |  |   |                        | ☐ Schedule G, lin                       | e   |
| Numbe<br>City                        | r Street   | State   | ZIP Code               |   |   |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address or homemaker, if it applies.  Debtor 1  Debtor 2 or non-filing spouse  Employed  Employed  Not employed  Not employed  Not employed  Not employed  The proposition of the position o |               | n this information to   |   |  |   |   |  |   |  |             |
|--|---------------|---|---|--|---|---|--|---|--|-------------|
| Check if this is:   Check if this is:   An amended filing     A supplement showing postpetition chapt 13 income as of the following date:   MM / DD / YYYY   | Deb           | tor 1   | Cosme Rola  | indo Canche  |   |   |  |   |  |             |
| Case number (It known)    Check if this is:  |               |   | Guadalupe   | Del Rosario Canche   |   |   |  |   |  |             |
| Official Form 106l  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Order Selector  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Cauda Toth Ave. E #100  Fife, WA 98424  | Unit          | ed States Bankrupt  | tcy Court for the   | : WESTERN DISTRICT   | T OF WAS                                      | SHINGTON  |  |   |  |             |
| Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest neede attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Employer's name  Employer's name  US FOODS INC  2204 70th Ave. E #100  Fife, WA 98424  |               |   |   |  | -   |   | ☐ An ai  | mended filing<br>oplement showing   |  | apter       |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your n | Of            | ficial Form   | 106I  |  |   |   | MM /   | DD/ YYYY  | •  |             |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is neede attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your name and case number (if known). Answer every quest pages, write your n | Sc            | hedule I: `   | Your Inc  | ome  |   |   | ,  | 55, 1111  |  | 12/15       |
| If you have more than one job, attach a separate page with information about additional employers.  Coccupation  Include part-time, seasonal, or self-employed work.  Coccupation may include student or homemaker, if it applies.  Employment status  I moloyed  Order Selector  US FOODS INC  2204 70th Ave. E #100  Fife, WA 98424  | spou          | ise. If you are sepa  | rmation. If you<br>arated and yoບ   | are married and not filing wi  | ng jointly<br>ith you, c                      | /, and your spouse is li<br>do not include informa  | ving with you<br>ion about yo  | u, include inforn<br>ur spouse. If mo   | nation about your properties of the space is ne      | ur<br>eded, |
| attach a separate page with information about additional employers.  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation may include student or homemaker, if it applies.  Employment status  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Employment status  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Employer's name  Cocupation  Cocupation  Cocupation  Employer's address  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Employer's address  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Employer's address  Cocupation    | spou<br>attac | ise. If you are separate shee  Describe  Fill in your emplo   | rmation. If you arated and you to this form. Example to this form.  | are married and not filing wi  | ng jointly<br>ith you, c<br>onal pag          | /, and your spouse is lido not include informaties, write your name ar  | ving with you<br>ion about yo<br>d case numb   | u, include inforn<br>ur spouse. If mo<br>per (if known). A                                  | nation about yo<br>ore space is ne<br>.nswer every q | ur<br>eded, |
| employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Occupation  Employer's name  US FOODS INC  2204 70th Ave. E #100  Fife, WA 98424   | spou<br>attac | the American September 2 separate sheet a separate sheet 1: Describe Fill in your emploinformation.   | rmation. If you<br>arated and you<br>et to this form.<br>Employment<br>byment                                     | are married and not filing wi  | ng jointly<br>ith you, c<br>onal pag          | y, and your spouse is lide not include informaties, write your name ar  | ving with you ion about yo d case numb   | u, include inforn<br>ur spouse. If mo<br>per (if known). A<br>ebtor 2 or non-fi             | nation about yo<br>ore space is ne<br>.nswer every q | ur<br>eded, |
| Include part-time, seasonal, or self-employed work.  Doccupation may include student or homemaker, if it applies.  Employer's name  US FOODS INC  2204 70th Ave. E #100 Fife, WA 98424   | spou<br>attac | Describe  Fill in your emploinformation.  If you have more tattach a separate   | rmation. If you arated and you at to this form. Employment oyment than one job, page with                         | are married and not filing wi<br>ir spouse is not filing wi<br>On the top of any additi  | Debto   | y, and your spouse is lide not include informaties, write your name ar  | ving with you ion about you did case numb  | u, include inform<br>ur spouse. If mo<br>per (if known). A<br>ebtor 2 or non-fi<br>Employed | nation about yo<br>ore space is ne<br>.nswer every q | ur<br>eded, |
| or homemaker, if it applies.  Fife, WA 98424   | spou<br>attac | Describe Fill in your emploinformation.  If you have more to attach a separate information about  | rmation. If you arated and you at to this form. Employment oyment than one job, page with                         | are married and not filing wing spouse is not filing wing on the top of any addition the top of any additional top of ad | Debto   | y, and your spouse is lido not include informaties, write your name are                                       | ving with you ion about yo d case numb   | u, include inform<br>ur spouse. If mo<br>per (if known). A<br>ebtor 2 or non-fi<br>Employed | nation about yo<br>ore space is ne<br>.nswer every q | ur<br>eded, |
|  | spou<br>attac | Describe Fill in your emploinformation.  If you have more t attach a separate information about employers.  Include part-time,  | rmation. If you arated and you at to this form. Employment opment than one job, page with additional seasonal, or | are married and not filing with the spouse is not filing with the stop of any addition the stop of any addition the stop of any addition the status  | Debto  Em  Order                              | y, and your spouse is lido not include informaties, write your name are r 1 ployed employed Selector          | ving with you ion about yo d case numb   | u, include inform<br>ur spouse. If mo<br>per (if known). A<br>ebtor 2 or non-fi<br>Employed | nation about yo<br>ore space is ne<br>.nswer every q | ur<br>eded, |
| How long employed there? 3 Years, 3 Months   | spou<br>attac | Describe Fill in your emploinformation.  If you have more tattach a separate information about employers.  Include part-time, self-employed word cocupation may income the self-employed word cocupation | rmation. If you arated and you at to this form. Employment than one job, page with additional seasonal, or rk.    | are married and not filing with the top of any additions are married to the top of any additions are married to the top of any additions are to the | Debto  Debto  Em  Order  US FC                | y, and your spouse is lide not include informaties, write your name are r 1 ployed employed Selector DODS INC | ving with you ion about yo d case numb   | u, include inform<br>ur spouse. If mo<br>per (if known). A<br>ebtor 2 or non-fi<br>Employed | nation about yo<br>ore space is ne<br>.nswer every q | ur<br>eded, |
| Part 2: Give Details About Monthly Income  | spou<br>attac | Describe Fill in your emploinformation.  If you have more tattach a separate information about employers.  Include part-time, self-employed word cocupation may income the self-employed word cocupation | rmation. If you arated and you at to this form. Employment than one job, page with additional seasonal, or rk.    | are married and not filing with the spouse is not filing with the state of the stat | Debto  Debto  Em  Order  US FO  2204  Fife, N | r 1  ployed employed Selector  DODS INC  70th Ave. E #100 NA 98424  | ving with you ion about you did case number the case number th | u, include inform<br>ur spouse. If mo<br>per (if known). A<br>ebtor 2 or non-fi<br>Employed | nation about yo<br>ore space is ne<br>.nswer every q | ur<br>eded, |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Calculate gross Income. Add line 2 + line 3.

2. \$ 6,123.00 \$ 0.00
3. +\$ 0.00 +\$ 0.00
4. \$ 6,123.00 \$ 0.00

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

Case number (if known)

| See   List all payroll deductions:    Sa.   Tax, Medicare, and Social Security deductions   Sa.   1,100.67   \$ 0.00  |     |                                    |  |        | For           | Debtor 1      |      | Debtor 2 or<br>n-filing spouse |  |
|---|-----|------------------------------------|--|--------|---------------|---------------|------|--------------------------------|--|
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions 5c. Voluntary contrib   |     | Сору                               | y line 4 here  | 4.     | \$            | 6,123.00      | \$   | 0.00                           |  |
| 55. Mandatory contributions for retirement plans 55. \$ 0.00 \$ 0.00 55. Voluntary contributions for retirement plans 56. \$ 0.00 \$ 0.00 56. Required repayments of retirement fund loans 56. Insurance 58. Insurance 59. \$ 0.00 \$ 0.00 59. Union dues 50. Union dues 5   | 5.  | List a                             | all payroll deductions:  |        |               |               |      |                                |  |
| 55. Mandatory contributions for retirement plans 55. \$ 0.00 \$ 0.00 55. Voluntary contributions for retirement plans 56. \$ 0.00 \$ 0.00 56. Required repayments of retirement fund loans 56. Insurance 58. Insurance 59. \$ 0.00 \$ 0.00 59. Union dues 50. Union dues 5   |     | 5a.                                | Tax, Medicare, and Social Security deductions  | 5a.    | \$            | 1.100.67      | \$   | 0.00                           | )  |
| 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 0.00 5c. Insurance 5c. \$ 1,100.67 \$ 0.00 5c. Insurance 5c. \$ 0.00 \$ 0.00 5c. In |     |                                    | •  |        |               |               |      |                                | _  |
| 5d. Required repayments of retirement fund loans 5e. Insurance 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5f. Out of dues 5f. Domestic support obligations 5f. Out of dues 5f. Out of deductions. Specily: 5f. + \$ 0.00   |     |                                    | ·  |        | · —           |               |      |                                | _  |
| 56. Insurance  57. Domestic support obligations  58. \$ 0.00 \$ 0.00  59. Union dues  59. Union dues  59. \$ 0.00 \$ 0.00  59. Union dues  59. \$ 0.00 \$ 0.00  59. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+6c+5d+5g+5h. 6. \$ 1,100.67 \$ 0.00  70. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,022.33 \$ 0.00  81. List all other income regularly received:  82. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and from operating a business, profession, or farm  Attach a statement for each property and the union of the property and from operating a business, profession, or farm  Attach a statement for each property and the union of the the   |     |                                    | · · · · · · · · · · · · · · · · · · ·  |        | · —           |               | \$_  |                                | _  |
| 55. Domestic support obligations 59. Union dues 59. \$0.00 \$0.00 50. Other deductions. Specify: 50. Other deductions. Specify: 50. Other deductions. Specify: 50. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 60. \$1,100.67 \$0.00  81. Calculate total monthly take-home pay. Subtract line 6 from line 4. 82. List all other income regularly received: 83. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and recessary business expenses, and the total monthly net income. 84. Enable of the company of  |     | 5e.                                |  | 5e.    | \$            |               | \$_  |                                | _  |
| 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f4-5g+5h. 6. \$ 1,100.67 \$ 0.00  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,022.33 \$ 0.00  8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Programy in housing subsidies.  Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: Income from Daughter 8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 800.00 \$ 0.00  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 800.00 \$ 0.00  11. + \$ 0.00  12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 13. Do you expect an increase or decrease within the year after you file this form?  ■ No.   |     | 5f.                                | Domestic support obligations   | 5f.    | \$            |               | \$   |                                | _  |
| 5h. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5f+5g+5h.  6. \$ 1,100.67 \$ 0.00  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 5,022.33 \$ 0.00  8. List all other income regularly received:  8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8. 10.00 \$ 0.00                                       |     | 5g.                                | •  | 5g.    | \$            |               | \$_  |                                | _  |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5c+5d+5e+5l+5g+5h.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 5,022.33 \$ 0.00  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. Unemployment compensation  8d. S 0.00 \$ 0.00  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Programy or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify: Income from Daughter  8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 800.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  12. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  12. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. \$ 5,822.33 Combined monthly income.  13. Do you expect an increase or decrease within the ye   |     | -                                  | Other deductions. Specify:   |        | \$            |               | + \$ |                                | _  |
| <ul> <li>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</li> <li>7. \$ 5,022.33 \$ 0.00</li> <li>8. List all other income regularly received:</li> <li>8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</li> <li>8b. Interest and dividends</li> <li>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</li> <li>8c. S 0.00 \$ 0.00</li> <li>8d. Unemployment compensation</li> <li>8d. S 0.00 \$ 0.00</li> <li>8e. \$ 0.00 \$ 0.00</li> <li>8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.</li> <li>\$ 0.00 \$ 0.00</li> <li>8g. Pension or retirement income</li> <li>8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</li> <li>9 \$ 800.00 \$ 0.00</li> <li>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</li> <li>9 \$ 800.00 \$ 0.00</li> <li>10. Calculate monthly income. Add line 7+ line 9.</li> <li>10. \$ 5,822.33 + \$ 0.00 \$ 0.00</li> <li>11. \$ 0.00</li> <li>12. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.</li> <li>10. Calculate monthly income. Add line 7+ line 9.</li> <li>10. S 1,822.33 + \$ 0.00 \$ 0.00</li> <li>11. +\$ 0.00</li> <li>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</li> <li>10. Do yo</li></ul>  | 6.  | Add                                |  | _      | · <del></del> |               |      |                                | _  |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Intreest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ 0.00  8d. \$ 0.00 \$ 0.00  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. \$ 0.00 \$ 0.00  8h. Other monthly income. Specify: Income from Daughter  8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 800.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  10. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if It spiles  | 7.  | Calc                               | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.     | \$            |               | \$   | 0.00                           | _<br>)                                       |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. \$ 0.00 \$ 0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify: Income from Daughter  8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 800.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 5,822.33  | 8.  |                                    | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   | 8a.    | \$            | 0.00          | \$   | 0.00                           |  |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify: Income from Daughter  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$800.00 \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$800.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?   |     | 8b.                                | Interest and dividends   | 8b.    | \$            | 0.00          | \$_  | 0.00                           | <u> </u>                                     |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify: Income from Daughter  8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 800.00 \$ 0.00  9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. 4\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.  Combined monthly income   |     | 8c.                                | regularly receive Include alimony, spousal support, child support, maintenance, divorce  | 8c.    | \$            | 0.00          | \$   | 0.00                           | -  |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$ 0.00  8g. Pension or retirement income 8h. Other monthly income. Specify: Income from Daughter  8h. + \$ 800.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 800.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. + \$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.  |     | 8d.                                | Unemployment compensation  | 8d.    | \$            | 0.00          | \$_  | 0.00                           | <u> </u>                                     |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify: Income from Daughter 8h. \$80.00 \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$800.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.   |     | 8e.                                | Social Security  | 8e.    | \$            |               | \$_  |                                | _  |
| 8h. Other monthly income. Specify: Income from Daughter  8h. \$800.00 + \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$800.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Combined monthly income  No.   |     | 8f.                                | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.   | _8f.   | \$            | 0.00          | \$   | 0.00                           | <u> </u>                                     |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 800.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9. 10. \$ 5,822.33 + \$ 0.00 = \$ 5,822.33  |     | 8g.                                | Pension or retirement income   | 8g.    | \$            | 0.00          | \$   | 0.00                           | <u>)                                    </u> |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$  0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$  5,822.33  Combined monthly income  |     | 8h.                                | Other monthly income. Specify: Income from Daughter  | 8h.+   | \$            | 800.00        | + \$ | 0.00                           | _  |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$  0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.  | 9.  | Add                                | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.     | \$            | 800.00        | \$_  | 0.0                            | 0  |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$  0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.  | 10. | Calc                               | ulate monthly income. Add line 7 + line 9.   | 10. \$ |               | 5.822.33 + \$ |      | 0.00 = \$                      | 5.822.33                                     |
| <ul> <li>11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00</li> <li>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income</li> <li>13. Do you expect an increase or decrease within the year after you file this form?  No.</li> </ul>   |     |                                    | •  | ' -    |               |               |      |                                | -,   |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 5,822.33    Combined monthly income  No.   | 11. | State<br>Include<br>other<br>Do no | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a | depend |               |               |      |                                | 0.00   |
| 13. Do you expect an increase or decrease within the year after you file this form?  ■ No   | 12. | Write                              | that amount on the Summary of Schedules and Statistical Summary of Certain   |        |               |               |      |                                | 5,822.33                                     |
| 13. Do you expect an increase or decrease within the year after you file this form?  No.  |     |                                    |  |        |               |               |      |                                |  |
| ☐ Yes. Explain:   | 13. | Do ye                              | •  | ?      |               |               |      | month                          | iy iiicoiiie                                 |
|   |     |                                    | Yes. Explain:  |        |               |               |      |                                |  |

Official Form 106l Schedule I: Your Income page 2

| Fill              | in this informa                                  | tion to identify yo                                     | our case:                           |  |  |                          |                   |                                  |   |        |
|-------------------|--|---|-------------------------------------|--|--|--------------------------|-------------------|----------------------------------|---|--------|
| Deb               | tor 1  | Cosme Rolai   | ndo Can                             | che  |  | Ch                       | neck if           | this is:                         |   |        |
|                   |  | Coome Rola  | ilao oail                           | 0110   |  |                          |                   | amended filing                   |   |        |
|                   | otor 2   | Guadalupe D   | Del Rosai                           | rio Canche   |  |                          |                   |                                  | ring postpetition cha                   | pter   |
| (Spo              | ouse, if filing)                                 |   |                                     |  |  |                          | 13 6              | expenses as or t                 | he following date:                      |        |
| Unit              | ed States Bankr                                  | ruptcy Court for the:                                   | : WESTE                             | ERN DISTRICT OF WASI   | HINGTON  |                          | MM                | / DD / YYYY                      |   |        |
| 1                 | e number   |   |                                     |  |  |                          |                   |                                  |   |        |
| (II K             | nown)  |   |                                     |  |  |                          |                   |                                  |   |        |
| Of                | fficial Fo                                       | rm 106J   |                                     |  |  |                          |                   |                                  |   |        |
| S                 | chedule  | J: Your I   | Exper                               | ises   |  |                          |                   |                                  |   | 12/15  |
| Be<br>info<br>nur | as complete a<br>ormation. If m<br>mber (if know | and accurate as<br>lore space is ne<br>n). Answer ever  | possible<br>eded, atta<br>y questio | . If two married people a<br>ch another sheet to this                  | are filing together, be<br>s form. On the top of | oth are ed<br>f any addi | qually<br>itional | responsible fo<br>pages, write y | r supplying correc<br>our name and case | t<br>e |
| Par<br>1.         | t 1: Descr<br>Is this a joir                     | ibe Your House<br>nt case?                              | hold                                |  |  |                          |                   |                                  |   |        |
|                   | □ No. Go to                                      |   |                                     |  |  |                          |                   |                                  |   |        |
|                   | _  | s Debtor 2 live i                                       | n a separ                           | ate household?   |  |                          |                   |                                  |   |        |
|                   | ■ N  |   | •                                   |  |  |                          |                   |                                  |   |        |
|                   |  |   | st file Offici                      | al Form 106J-2, Expense  | es for Separate House                            | ehold of De              | ebtor 2           | 2.                               |   |        |
| 2.                | Do you have                                      | e dependents?   | Пи                                  | •  | ·  |                          |                   |                                  |   |        |
| ۷.                | •  | •   | □ No                                |  | Dan an dan tia nalati                            |                          |                   | Daman dami'a                     | Dana damandant                          |        |
|                   | Do not list D<br>Debtor 2.                       | eptor 1 and   | Yes.                                | Fill out this information for each dependent                           | Dependent's relation  Debtor 1 or Debto          |                          |                   | Dependent's age                  | Does dependent live with you?           |        |
|                   | Do not state                                     |   |                                     |  |  |                          |                   |                                  | □ No                                    |        |
|                   | dependents                                       | names.  |                                     |  | Son  |                          |                   | 15                               | Yes                                     |        |
|                   |  |   |                                     |  | Daughter   |                          |                   | 24                               | □ No<br>■ x                             |        |
|                   |  |   |                                     |  | Daugnter   |                          |                   |                                  | ■ Yes<br>□ No                           |        |
|                   |  |   |                                     |  |  |                          |                   |                                  | ☐ Yes                                   |        |
|                   |  |   |                                     |  |  |                          |                   |                                  | □ No                                    |        |
|                   |  |   |                                     |  |  |                          |                   |                                  | ☐ Yes                                   |        |
| 3.                | expenses o<br>yourself and                       | penses include<br>f people other the<br>d your depender | han<br>nts? □                       | No<br>Yes  |  |                          |                   |                                  |   |        |
| exp               | imate your ex                                    |   | our bankr                           | y Expenses<br>uptcy filing date unless<br>y is filed. If this is a sup |  |                          |                   |                                  |   |        |
| the               |  | h assistance and  |                                     | government assistance<br>cluded it on <i>Schedule I:</i>               |  |                          |                   | Your expe                        | enses                                   |        |
|                   |  |   |                                     | _  |  |                          |                   |                                  |   |        |
| 4.                |  | or home owners<br>and any rent for the                  |                                     | ses for your residence.<br>or lot.                                     | Include first mortgage                           | e<br>4.                  | \$_               |                                  | 2,696.00                                |        |
|                   | If not includ                                    | led in line 4:  |                                     |  |  |                          |                   |                                  |   |        |
|                   | 4a. Real e                                       | estate taxes  |                                     |  |  | 4a.                      | \$                |                                  | 0.00                                    |        |
|                   |  | rty, homeowner's  | s, or renter                        | 's insurance   |  | 4b.                      |                   |                                  | 0.00                                    |        |
|                   | •  | •   |                                     | ıpkeep expenses  |  | 4c.                      | \$                |                                  | 0.00                                    |        |
|                   |  | owner's associat  |                                     |  |  | 4d.                      |                   |                                  | 35.00                                   |        |
| 5.                | Additional r                                     | mortgage payme  | ents for yo                         | our residence, such as h   | ome equity loans                                 | 5.                       | \$_               |                                  | 0.00                                    |        |

Official Form 106J Schedule J: Your Expenses page 1

**Cosme Rolando Canche** Debtor 1 Debtor 2 Guadalupe Del Rosario Canche Case number (if known) **Utilities:** Electricity, heat, natural gas 6a. \$ 230.00 6a. 6b. Water, sewer, garbage collection 6b. \$ 306.00 Telephone, cell phone, Internet, satellite, and cable services 6c. 6c. \$ 190.00 6d. Other. Specify: 6d. \$ 0.00 Food and housekeeping supplies 7. \$ 700.00 Childcare and children's education costs 8. \$ 0.00 Clothing, laundry, and dry cleaning 9. \$ 30.00 Personal care products and services 10. \$ 40.00 Medical and dental expenses 11. \$ 0.00 12. **Transportation.** Include gas, maintenance, bus or train fare. 300.00 12. \$ Do not include car payments. 13. \$ 13. Entertainment, clubs, recreation, newspapers, magazines, and books 350.00 14. Charitable contributions and religious donations 14. \$ 0.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 190.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 544.98 17a. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as 0.00 deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ Other payments you make to support others who do not live with you. 150.00 19. Specify: Mom and Dad Living in Mexico Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 20b. Real estate taxes 0.00 20c. \$ 20c. Property, homeowner's, or renter's insurance 0.00 20d. \$ 20d. Maintenance, repair, and upkeep expenses 0.00 20e. Homeowner's association or condominium dues 20e. \$ 36.00 21. Other: Specify: 21. +\$ 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 5,797.98 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 22c. Add line 22a and 22b. The result is your monthly expenses. 5,797.98 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 5,822.33 23b. Copy your monthly expenses from line 22c above. 23b. -\$ 5,797.98 Subtract your monthly expenses from your monthly income. 24.35 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? □ No. Explain here: Pet food is getting more expensive as well as the Subscriptions Yes.

Official Form 106J Schedule J: Your Expenses page 2

| Fill in this info    | rmation to identify your                        | case:                      |             |  |                                     |
|----------------------|---|----------------------------|-------------|--|-------------------------------------|
| Debtor 1             | Cosme Rolando (                                 | Canche                     |             |  |                                     |
|                      | First Name                                      | Middle Name                | Las         | t Name   |                                     |
| Debtor 2             | Guadalupe Del Re                                | osario Canche              |             |  |                                     |
| (Spouse if, filing)  | First Name                                      | Middle Name                | Las         | Name   |                                     |
| United States B      | ankruptcy Court for the:                        | WESTERN DISTRICT O         | F WASHIN    | GTON   |                                     |
| Case number          |   |                            |             |  |                                     |
| (if known)           |   |                            |             |  | ☐ Check if this is an               |
|                      |   |                            |             |  | amended filing                      |
| Official For         | m 106Doo  |                            |             |  |                                     |
| Official For         |   |                            | _           |  |                                     |
| Declara <sup>a</sup> | tion About a                                    | ın Individual              | Debte       | or's Schedules   | 12/15                               |
|                      |   |                            |             |  |                                     |
| If two married p     | eople are filing together                       | r, both are equally respon | sible for s | upplying correct information.  |                                     |
| V                    | !- <b>(</b> (                                   | la bankon (1881)           |             | disabilitation Maldania falsa atat                                   |                                     |
|                      |   |                            |             | d schedules. Making a false state can result in fines up to \$250,00 |                                     |
|                      | 18 U.S.C. §§ 152, 1341, 1                       |                            | upio, ouo   | 5 can recan in inice up to \$200,00                                  | , orp.100111110111 101 up 10 20     |
|                      |   |                            |             |  |                                     |
|                      |   |                            |             |  |                                     |
| Sig                  | gn Below  |                            |             |  |                                     |
|                      |   |                            |             |  |                                     |
| Did you pa           | ay or agree to pay some                         | one who is NOT an attorn   | ey to help  | you fill out bankruptcy forms?                                       |                                     |
|                      |   |                            |             |  |                                     |
| ■ No                 |   |                            |             |  |                                     |
| □ Yes                | Name of person                                  |                            |             | Attach Bank  | kruptcy Petition Preparer's Notice, |
|                      |   |                            |             |  | , and Signature (Official Form 119) |
|                      |   |                            |             |  |                                     |
|                      |   |                            |             |  |                                     |
|                      | alty of perjury, I declare re true and correct. | that I have read the sumn  | nary and s  | chedules filed with this declaration                                 | on and                              |
| X /s/ Co             | sme Rolando Canche                              | <b>)</b>                   | Х           | /s/ Guadalupe Del Rosario Ca   | anche                               |
|                      | e Rolando Canche                                |                            |             | Guadalupe Del Rosario Cano   |                                     |
| Signatu              | ure of Debtor 1                                 |                            |             | Signature of Debtor 2  |                                     |
| _                    |   |                            |             |  |                                     |
| 112+4                | November 12, 2024                               |                            |             | Data Navambar 12 2024  |                                     |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

| Fill               | in this inform   | nation to identify you                         | r case:  |   |  |   |
|--------------------|--|--|--|---|--|---|
|                    | otor 1   | Cosme Rolando                                  |  |   |  |   |
|                    |  | First Name                                     | Middle Name  | Last Name   |  |   |
|                    | otor 2<br>use if, filing)  | Guadalupe Del F                                | Rosario Canche  Middle Name  | Last Name   |  |   |
| Uni                | ted States Ba  | nkruptcy Court for the:                        | WESTERN DISTRICT OF  | WASHINGTON  |  |   |
| Con                | se number  |  |  |   |  |   |
|                    | own)   |  |  |   |  | heck if this is an<br>mended filing                   |
| <b>~</b> (         | <del>.</del>   | 407  |  |   |  |   |
|                    | ficial Fo<br>atement   |  | Affairs for Individ  | duals Filing for B                                    | ankruptcy                                  | 04/22   |
| info<br>num        | rmation. If mater of the second secon | nore space is needed,<br>n). Answer every ques | attach a separate sheet to   | this form. On the top of any                          | equally responsible for sup                |   |
| 1.                 |  | r current marital statu                        |  | Elveu Belore  |  |   |
|                    | <ul><li>■ Married</li><li>□ Not ma</li></ul>   |  |  |   |  |   |
| 2.                 | During the I   | ast 3 years, have you                          | lived anywhere other than  | where you live now?                                   |  |   |
|                    | ■ No □ Yes. Lis  | st all of the places you li                    | ived in the last 3 years. Do no  | ot include where you live now                         | <i>ı</i> .                                 |   |
|                    | Debtor 1:  |  | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>state |  |  |  |   | ity property state or territory            |   |
|                    | □ No   |  |  |   |  |   |
|                    |  | ake sure you fill out <i>Sch</i>               | nedule H: Your Codebtors (Ot   | ficial Form 106H).                                    |  |   |
| Par                | t 2 Expla  | in the Sources of You                          | r Income   |   |  |   |
| 4.                 | Fill in the total  | al amount of income yo                         | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-                       |  | ndar years?   |
|                    | □ No   |  |  |   |  |   |
|                    | Yes. Fil   | I in the details.                              |  |   |  |   |
|                    |  |  | Debtor 1   |   | Debtor 2                                   |   |
|                    |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                    |  | of current year untiled for bankruptcy:        | ■ Wages, commissions, bonuses, tips  | \$55,087.38   | ☐ Wages, commissions, bonuses, tips        | \$0.00  |
|                    |  |  | ☐ Operating a business   |   | ☐ Operating a business                     |   |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| Debtor 1 Cosme Rolando Canch<br>Debtor 2 Guadalupe Del Rosario         |  | Case   | e number (if known)   |   |  |
|--|--|--|---|---|--|
|  |  |  |   |   |  |
|  | Sources of income<br>Check all that apply.                   | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |  |
| For last calendar year:<br>(January 1 to December 31, 2023)            | ■ Wages, commissions, bonuses, tips                          | \$77,915.50  | ☐ Wages, commissions, bonuses, tips                             |   |  |
|  | ☐ Operating a business                                       |  | ☐ Operating a business  |   |  |
| For the calendar year before that:<br>(January 1 to December 31, 2022) | ■ Wages, commissions, bonuses, tips \$71,980.70              |  | ☐ Wages, commissions, bonuses, tips                             |   |  |
|  | ☐ Operating a business                                       |  | ☐ Operating a business  |   |  |
| List each source and the gross inco  No Yes. Fill in the details.      | ome from each source separa                                  | tely. Do not include income th                                   | nat you listed in line 4.                                       |   |  |
| □ No   |  |  |   |   |  |
| Yes. Fill in the details.  |  |  |   |   |  |
|  | Debtor 1   |  | Debtor 2  |   |  |
|  | Sources of income<br>Describe below.                         | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                            | Gross income<br>(before deductions<br>and exclusions) |  |
| From January 1 of current year until                                   | <b>Contributions Family</b>                                  | \$3,200.00   |   |   |  |
| the date you filed for bankruptcy:                                     |  |  |   |   |  |
| Part 3: List Certain Payments You                                      | Made Before You Filed for                                    | Bankruptcy   |   |   |  |
|  |  | u <mark>mer debts.</mark> Consumer debts                         | s are defined in 11 U.S.C. § 10                                 | 1(8) as "incurred by an                               |  |
| During the 90 days before  | ore you filed for bankruptcy, d                              | id you pay any creditor a total                                  | of \$7,575* or more?  |   |  |
| □ No. Go to line 7   |  |  |   |   |  |
| paid that cr<br>not include  | editor. Do not include payment payments to an attorney for t | nts for domestic support obligation of the stankruptcy case.     | n one or more payments and t<br>ations, such as child support a | and alimony. Also, do                                 |  |
| _  |  |  | or after the date of adjustment                                 | i.  |  |
| Yes. <b>Debtor 1 or Debtor 2 o</b> During the 90 days before           | or both have primarily consure you filed for bankruptcy, d   |  | of \$600 or more?   |   |  |
| □ No. Go to line 7   | 7.   |  |   |   |  |
| include pay  |  |  | the total amount you paid tha<br>oort and alimony. Also, do not |   |  |
|  |  |  |   |   |  |

Debtor 1 Cosme Rolando Canche Debtor 2 **Guadalupe Del Rosario Canche** Case number (if known) **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe **WECU** 11/04/2024 \$600 \$1,800.00 \$11,139.00 ■ Mortgage Attn: Bankruptcy 10/04/2024 \$600 Car Po Box 9750 09/04/2024 \$600 ☐ Credit Card Bellingham, WA 98227 ☐ Loan Repayment ☐ Suppliers or vendors □ Other Idaho Housing Agency 10/15/2024 \$2696 \$8,088.00 \$273,887.00 Mortgage Attn: Bankruptcy 09/15/2024 \$2696 ☐ Car 844 Washington St, N, Ste 300 08/15/2024 \$2696 ☐ Credit Card Twin Falls, ID 83301 ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ■ No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment Total amount Amount you paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property **Explain** what happened

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|     |                | Guadalupe Del Rosario Canc   | he       | Ca   | ase number (i  | f known)                                |                           |
|-----|----------------|--|----------|--|----------------|---|---------------------------|
| 11. |                | nts or refuse to make a payment l  |          | did any creditor, including a bank or f<br>you owed a debt?  | financial inst | itution, set off any                    | amounts from your         |
|     | □ Ye           | es. Fill in the details.   |          |  |                |   |                           |
|     | Credit         | tor Name and Address   | De       | escribe the action the creditor took   |                | Date action was taken                   | Amount                    |
| 12. |                | 1 year before you filed for bankro<br>appointed receiver, a custodian, o |          | vas any of your property in the posses:<br>er official?  | sion of an a   | ssignee for the ben                     | efit of creditors, a      |
|     | ■ No           |  |          |  |                |   |                           |
|     | □ Ye           | es   |          |  |                |   |                           |
| Par | t 5:           | List Certain Gifts and Contribution                                      | ns       |  |                |   |                           |
| 13. | _              | •  | ruptcy,  | did you give any gifts with a total value  | e of more th   | an \$600 per person                     | ?                         |
|     |                |  |          |  |                |   |                           |
|     |                | es. Fill in the details for each gift.                                   | 00       | Describe the nifts   |                | Datas way ways                          | Value                     |
|     | per pe         | with a total value of more than \$6<br>erson                             | 00       | Describe the gifts   |                | Dates you gave the gifts                | Value                     |
|     | Perso<br>Addre | on to Whom You Gave the Gift and<br>ess:                                 | t        |  |                |   |                           |
| 14. | Within         | 2 years before you filed for bank  | ruptcy,  | did you give any gifts or contributions  | s with a total | value of more than                      | \$600 to any charity?     |
|     | ■ No           |  |          |  |                |   |                           |
|     |                | es. Fill in the details for each gift or                                 |          |  |                |   |                           |
|     | more<br>Charit | or contributions to charities that<br>than \$600<br>ty's Name            |          | Describe what you contributed  |                | Dates you contributed                   | Value                     |
|     | Addre          | SS (Number, Street, City, State and ZIP Coo                              | de)      |  |                |   |                           |
| Par | t 6:           | List Certain Losses  |          |  |                |   |                           |
| 15. |                | 1 year before you filed for bankronbling?                                | uptcy o  | since you filed for bankruptcy, did yo   | ou lose anyth  | ning because of the                     | ft, fire, other disaster, |
|     | ■ N            | 0  |          |  |                |   |                           |
|     | □ Ye           | es. Fill in the details.   |          |  |                |   |                           |
|     | Descr          | ribe the property you lost and   | Descr    | ibe any insurance coverage for the los   | ss             | Date of your                            | Value of property         |
|     | how t          | he loss occurred   |          | e the amount that insurance has paid. Lis  |                | loss                                    | lost                      |
| Par | t 7:           | List Certain Payments or Transfer  | rs       |  |                |   |                           |
| 16. | consul         | Ited about seeking bankruptcy or   | prepari  | id you or anyone else acting on your b<br>ng a bankruptcy petition?<br>rs, or credit counseling agencies for servi |                |   | erty to anyone you        |
|     |                | 0  |          |  |                |   |                           |
|     |                | es. Fill in the details.   |          |  |                |   |                           |
|     |                |  |          | 5  |                |   |                           |
|     | Addre<br>Email | or website address   | <b>V</b> | Description and value of any proper transferred  | rty            | Date payment<br>or transfer was<br>made | Amount of payment         |
|     |                | on Who Made the Payment, if Not  | rou      | ¢2000 A44  |                | C/0.4/000.4                             | <b>#0</b> 400 65          |
|     | 201 S          | Offices of David Smith, PLLC Saint Helens Ave                            |          | \$2000 Attorney fees<br>\$488 expenses including filing f  |                | 6/24/2024                               | \$2,488.00                |
|     |                | ma, WA 98402<br>d@davidsmithlaw.com                                      |          | credit counseling, debtors educ<br>mycaseainfo, credit report  | cation,        |   |                           |
|     |                |  |          |  |                |   |                           |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li  | or to make payments   |                             |                 | r transfer any prope                                 | rty to anyone who                             |
|-----|--|---|-----------------------------|-----------------|--|---|
|     | ■ No   |   |                             |                 |  |   |
|     | ☐ Yes. Fill in the details.  |   |                             |                 |  |   |
|     | Person Who Was Paid<br>Address   | Description and va  | alue of any prop            | erty            | Date payment or transfer was made                    | Amount of payment                             |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers madinclude gifts and transfers that you have already | siness or financial affa<br>e as security (such as the                    | irs?<br>ne granting of a so |                 |  |   |
|     | ■ No   |   |                             |                 |  |   |
|     | ☐ Yes. Fill in the details.  |   |                             |                 |  |   |
|     | Person Who Received Transfer Address   | Description and va<br>property transferre                                 |                             |                 | any property or<br>received or debts<br>change       | Date transfer was made                        |
|     | Person's relationship to you   |   |                             |                 |  |   |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No   |   | y property to a s           | elf-settled tru | ust or similar device                                | of which you are a                            |
|     | ☐ Yes. Fill in the details.  |   |                             |                 |  |   |
|     | Name of trust  | Description and va  | alue of the prope           | erty transferr  | ed   | Date Transfer was made                        |
|     |  |   |                             |                 |  | maue  |
| Par | rt 8: List of Certain Financial Accounts, Instr  | uments, Safe Deposit  | Boxes, and Stor             | rage Units      |  |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No                       | other financial accoun  | its; certificates o         | of deposit; sh  |  |   |
|     | Yes. Fill in the details.  |   |                             |                 |  |   |
|     |  | ast 4 digits of account number  | Type of accountinstrument   | clo             | te account was<br>sed, sold,<br>oved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?  | ar before you filed for   | bankruptcy, any             | safe deposi     | t box or other deposi                                | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.   |   |                             |                 |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acco<br>Address (Number, St<br>State and ZIP Code)           |                             | Describe the    | contents   | Do you still have it?                         |
| 22. | _  | place other than your   | home within 1 y             | ear before yo   | ou filed for bankrupto                               | ey?   |
|     | ■ No □ Yes. Fill in the details.   |   |                             |                 |  |   |
|     |  | Who also has an h   | ad access                   | locariba the    | contonto   | Do you still                                  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                             | Describe the    | contents   | Do you still have it?                         |
|     |  |   |                             |                 |  |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Par | t 9:   | Identify Property You Hold or Control for   | Someone Else  |                |                                   |                       |
|-----|--|---|---|----------------|-----------------------------------|-----------------------|
| 23. | -  | u hold or control any property that someomeone.   | one else owns? Include any proper   | ty yo          | ou borrowed from, are storing for | r, or hold in trust   |
|     | ■ N  | o<br>es. Fill in the details.   |   |                |                                   |                       |
|     |  | er's Name<br>SS (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | De             | scribe the property               | Value                 |
| Par | t 10:  | Give Details About Environmental Informa  | ation   |                |                                   |                       |
| For | the pur  | pose of Part 10, the following definitions  | apply:  |                |                                   |                       |
|     | toxic s  | onmental law means any federal, state, or<br>substances, wastes, or material into the a<br>tions controlling the cleanup of these sul | ir, land, soil, surface water, ground                                     | _              | •                                 |                       |
|     |  | eans any location, facility, or property as<br>n, operate, or utilize it, including disposal  | _   | law,           | whether you now own, operate,     | or utilize it or used |
|     |  | dous material means anything an environ<br>dous material, pollutant, contaminant, or s  |   | s wa           | ste, hazardous substance, toxic s | substance,            |
| Rep | ort all r  | notices, releases, and proceedings that yo  | ou know about, regardless of wher   | n the          | ey occurred.                      |                       |
| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |   |   |                |                                   |                       |
|     | ■ N  | o<br>es. Fill in the details.   | Governmental unit Environmental law, if you Date of notice                |                |                                   |                       |
|     |  | e of site<br>GSS (Number, Street, City, State and ZIP Code)   |   | Date of notice |                                   |                       |
| 25. | Have y   | ou notified any governmental unit of any  | release of hazardous material?  |                |                                   |                       |
|     | ■ N  | o<br>es. Fill in the details.   |   |                |                                   |                       |
|     |  | e of site<br>SSS (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | d              | Environmental law, if you know it | Date of notice        |
| 26. | Have y   | ou been a party in any judicial or adminis  | strative proceeding under any envi  | ironr          | mental law? Include settlements   | and orders.           |
|     | ■ N  | o<br>es. Fill in the details.   |   |                |                                   |                       |
|     | Case<br>Case   | Title<br>Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Na             | ture of the case                  | Status of the case    |
| Par | t 11:  | Give Details About Your Business or Con   | nections to Any Business  |                |                                   |                       |
| 27. | <del></del>  |   |   |                |                                   |                       |
|     | _  | A sole proprietor or self-employed in a t   | •   | -              | -                                 |                       |
|     |  | A member of a limited liability company   | (LLC) or limited liability partnersh                                      | ip (L          | LP)                               |                       |
|     |  | A partner in a partnership  |   | -              |                                   |                       |
|     |  | An officer, director, or managing execut  | tive of a corporation   |                |                                   |                       |
|     |  | An owner of at least 5% of the voting or  | equity securities of a corporation  |                |                                   |                       |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|             | ebtor 1 Cosme Rolando Canche ebtor 2 Guadalupe Del Rosario Canche   |   | Case number (if known)  |
|-------------|---|---|---|
|             | ■ No. None of the above applies. Go to □ Yes. Check all that apply above and fi   | Part 12.<br>Il in the details below for each business.                |   |
|             | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed                       |
| 28.         | <ul> <li>Within 2 years before you filed for bankrup institutions, creditors, or other parties.</li> <li>No</li> <li>Yes. Fill in the details below.</li> </ul> | otcy, did you give a financial statement to                           | o anyone about your business? Include all financial   |
|             | Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Date Issued   |   |
| Pa          | art 12: Sign Below  |   |   |
| are<br>with |   | a false statement, concealing property, o                             | d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both. |
| /s/         | / Cosme Rolando Canche  | /s/ Guadalupe Del Rosario   | Canche  |
|             | osme Rolando Canche<br>gnature of Debtor 1  | Guadalupe Del Rosario Ca<br>Signature of Debtor 2                     | anche   |
| Da          | November 12, 2024   | Date November 12, 2024  | <u> </u>  |
| <b>1</b>    | d you attach additional pages to <i>Your Staten</i><br>No<br>Yes  | nent of Financial Affairs for Individuals F                           | iling for Bankruptcy (Official Form 107)?   |
| <b>1</b>    | d you pay or agree to pay someone who is not  |   | •   |

| Fill in this infor  | mation to identify your  | case:                     |                          |  |
|---------------------|--------------------------|---------------------------|--------------------------|--|
| Debtor 1            | Cosme Rolando (          |                           |                          |  |
|                     | First Name               | Middle Name               | Last Name                |  |
| Debtor 2            | Guadalupe Del Ro         | osario Canche             |                          |  |
| (Spouse if, filing) | First Name               | Middle Name               | Last Name                |  |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT          | OF WASHINGTON            |  |
| Case number _       |                          |                           |                          |  |
| (if known)          |                          |                           |                          | <ul><li>Check if this is an<br/>amended filing</li></ul>   |
|                     |                          |                           |                          | , and the second |
| Official Fo         | orm 108                  |                           |                          |  |
| <u>Statemer</u>     | nt of Intentio           | n for Individu            | uals Filing Under Chapte | er 7 12/15   |
| If you are an indi  | ividual filing under cha | pter 7, you must fill out | this form if             |  |
|                     | e claims secured by yo   |                           | uno ioim n.              |  |

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral                            | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
|--|--|---|
| Creditor's Idaho Housing Agency name:  | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of 18312 80th Avenue CT E  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.   | ■ Yes   |
| property securing debt:  Puyallup, WA 98375-9721 Residence:                          | Retain the property and [explain]: Retain and pay  | -   |
| Creditor's <b>WECU</b> name:   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of property securing debt:  2018 Chrysler Pacifica 118000 miles Vehicle: | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes   |

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

| Debtor 1 Cosme Rolando Canche Debtor 2 Guadalupe Del Rosario Canche  | Case number (if known)   |
|--|--|
|  |  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name: Description of leased   | □ No   |
| Property:  | ☐ Yes  |
| Lessor's name: Description of leased   | □ No   |
| Property:  | ☐ Yes  |
| Lessor's name: Description of leased   | □ No   |
| Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased<br>Property:   | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Part 3: Sign Below   |  |
| Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease. | about any property of my estate that secures a debt and any personal |
| X /s/ Cosme Rolando Canche   | X /s/ Guadalupe Del Rosario Canche                                   |
| Cosme Rolando Canche<br>Signature of Debtor 1  | Guadalupe Del Rosario Canche<br>Signature of Debtor 2                |
| Date November 12, 2024   | Date November 12, 2024   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$78       | administrative fee |
| + \$15     | trustee surcharge  |
| \$338      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## **United States Bankruptcy Court** Western District of Washington

| In   | re Guadalupe Del Rosario Canche  |  | Case No.             |                      |                   |
|------|--|--|----------------------|----------------------|-------------------|
|      | Guadalupe Del Nosario Gariche  | Debtor(s)                                | Chapter              | 7                    |                   |
|      |  | ( )                                      | 1                    |                      |                   |
|      | DISCLOSURE OF COMPEN   | SATION OF ATTO                           | RNEY FOR DI          | EBTOR(S)             |                   |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation or  | g of the petition in bankruptcy,         | or agreed to be paid | to me, for service   |                   |
|      | For legal services, I have agreed to accept  |  | \$                   | 2,000.00             |                   |
|      | Prior to the filing of this statement I have received  |  |                      | 2,000.00             |                   |
|      | Balance Due  |  |                      | 0.00                 |                   |
| 2.   | The source of the compensation paid to me was:   |  |                      |                      |                   |
|      | ■ Debtor □ Other (specify):  |  |                      |                      |                   |
| 3.   | The source of compensation to be paid to me is:  |  |                      |                      |                   |
|      | ■ Debtor □ Other (specify):  |  |                      |                      |                   |
| 4.   | ■ I have not agreed to share the above-disclosed compe   | ensation with any other person           | unless they are mem  | bers and associate   | s of my law firm. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name  |  |                      |                      | y law firm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to rer  | nder legal service for all aspect        | s of the bankruptcy  | case, including:     |                   |
|      | <ul><li>a. Analysis of the debtor's financial situation, and render</li><li>b. Preparation and filing of any petition, schedules, state</li><li>c. Representation of the debtor at the meeting of creditor</li><li>d. [Other provisions as needed]</li></ul> | ment of affairs and plan which           | may be required;     | -                    | ankruptcy;        |
|      | Negotiations with secured creditors to re<br>reaffirmation agreements and application<br>522(f)(2)(A) for avoidance of liens on hou  | ns as needed; preparation                |                      |                      |                   |
| 6.   | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding.   |  |                      | es, relief from s    | tay actions or    |
|      |  | CERTIFICATION                            |                      |                      |                   |
| this | I certify that the foregoing is a complete statement of any s bankruptcy proceeding.   | agreement or arrangement for             | payment to me for r  | representation of th | e debtor(s) in    |
|      | November 12, 2024  | /s/ David C. Smitl                       |                      |                      |                   |
|      | Date   | David C. Smith W<br>Signature of Attorne |                      |                      |                   |
|      |  |  | avid Smith, PLLC     |                      |                   |
|      |  | 201 Saint Helens                         |                      |                      |                   |
|      |  | Tacoma, WA 984                           |                      |                      |                   |
|      |  | 253-272-4777 Fa<br>david@davidsmi        |                      |                      |                   |
|      |  | Name of law firm                         | illaw.com            |                      |                   |
|      |  |  |                      |                      |                   |

## **United States Bankruptcy Court** Western District of Washington

**Cosme Rolando Canche** 

| n re | Guadalupe Del Rosario Canche      | 9  | Case No.         |                     |
|------|-----------------------------------|--|------------------|---------------------|
|      |                                   | Debtor(s)  | Chapter          | 7                   |
|      | VER                               | IFICATION OF CREDITOR N                            | <b>MATRIX</b>    |                     |
| e ab | ove-named Debtors hereby verify t | hat the attached list of creditors is true and cor | rect to the best | of their knowledge. |
| ate: | November 12, 2024                 | /s/ Cosme Rolando Canche                           |                  |                     |
|      |                                   | Signature of Debtor                                |                  |                     |
|      |                                   |  |                  |                     |
| ate: | November 12, 2024                 | /s/ Guadalupe Del Rosario Cano                     | che              |                     |

Signature of Debtor

INTERNAL REVENUE SERVICE P.O. BOX 21126 PHILADELPHIA, PA 19114

INTERNAL REVENUE SERVICE P.O. BOX 21126 PHILADELPHIA, PA 19114

AMEX CORRESPONDENCE/BANKRUPTCY PO BOX 981540 EL PASO, TX 79998

BANK OF AMERICA ATTN: BANKRUPTCY 4909 SAVARESE CIRCLE TAMPA, FL 33634

BARCLAYS BANK DELAWARE ATTN: BANKRUPTCY PO BOX 8801 WILMINGTON, DE 19899

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130

CBNA

ATTN: CENTRALIZED BANKRUPTCY/CITICORP PO BOX 790034 ST LOUIS, MO 63179

CITIBANK
CITICORP CR SRVS/CENTRALIZED BANKRUPTCY
PO BOX 790040
ST LOUIS, MO 63179

CITIBANK/BEST BUY
CITICORP CR SRVS/CENTRALIZED BANKRUPTCY
PO BOX 790040
ST LOUIS, MO 63179

CITIBANK/THE HOME DEPOT CITICORP CR SRVS/CENTRALIZED BANKRUPTCY PO BOX 790040 ST LOUIS, MO 63179

COMENITY BANK/BREADRWDS ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218

COMENITY BANK/EXPRESS ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218

COMENITY BANK/MAURICES ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218

COMENITY BANK/VICTORIA SECRET ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218

COMENITY BANK/ZALES ATTN: BANKRUPTCY PO BOX 182125 COLUMBUS, OH 43218

COMENITY/ULTA ATTN: BANKRUPTCY DEPT PO BOX 182125 COLUMBUS, OH 43218

COSTCO CITI CARD ATTN: BANKRUPTCY PO BOX 6500 SIOUX FALLS, SD 57117

DISCOVER FINANCIAL ATTN: BANKRUPTCY PO BOX 3025 NEW ALBANY, OH 43054 DIVERSE FUNDING ATTN: BANKRUPTCY 2351 NORTH FOREST ROAD, SUITE 110 GETZELLE, NY 14068

GOLDMAN SACHS BANK USA ATTN: BANKRUPTCY PO BOX 70379 PHILADELPHIA, PA 19176

IDAHO HOUSING AGENCY ATTN: BANKRUPTCY 844 WASHINGTON ST, N, STE 300 TWIN FALLS, ID 83301

IRS
BANKRUPTCY NOTICES
PO BOX 7346
PHILADELPHIA, PA 19101

JPMCB
MAILCODE LA4-7100
700 KANSAS LANE
MONROE, LA 71203

KOHL'S ATTN: CREDIT ADMINISTRATOR PO BOX 3043 MILWAUKEE, WI 53201

MOUNT RAINIER EMERGENCY 401 15TH AVE SE PUYALLUP, WA 98372

MULTICARE
P.O. BOX 34883
SEATTLE, WA 98124-1883

NAVY FEDERAL CREDIT UNION ATTN: BANKRUPTCY PO BOX 3000 MERRIFIELD, VA 22119 NORDSTROM SIGNATURE VISA ATTN: BANKRUPTCY PO BOX 6555 ENGLEWOOD, CO 80155

SYNCB/OLD NAVY ATTN: BANKRUPTCY PO BOX 965060 ORLANDO, FL 32896

SYNCHRONY BANK ATTN: BANKRUPTCY PO BOX 965060 ORLANDO, FL 32896

SYNCHRONY BANK/AMAZON ATTN: BANKRUPTCY PO BOX 965060 ORLANDO, FL 32896

TD RETAIL CARD SERVICES MS BT POB 9475 MINNEAPOLIS, MN 55440

US BANK
CB DISPUTES
SAINT LOUIS, MO 63166

WECU ATTN: BANKRUPTCY PO BOX 9750 BELLINGHAM, WA 98227

WELLS FARGO BANK NA ATTN: BANKRUPTCY 1 HOME CAMPUS MAC X2303-01A 3RD FLOOR DES MOINES, IA 50328